Vol. XXVI. JULY, 1930 No. 7

Nursing Education and Nursing Service

By E. MURIEL McKEE, President, Registered Nurses Association of Ontario

We are assembled today, a group of women, known and styled as the Fifth Annual Convention of the Registered Nurses Association of Ontario.

It behooves us, in this busy age, to ponder for a few moments upon the principles which justify the existence of our Association and the calling together annually of this large group of nurses for conference. If we were to add together the days absent from duty of each person in the assembly it would amount to a considerable length of time.

Before discussing the object of our convention, let us repeat the object of the existence of our Association:

> "The objects of the Association shall be to advance the educational standards of Nursing; to maintain the honour and status of the Nursing Profession, and to render service in the interest of the Public."

The object of this convention or conference is, I take it, to review the work of the past, to study the present-day needs, outline a policy of reform where necessary, and construct a programme for the future which will ensure the progress of the work of our Association in a scientific manner.

John Dewey, in a recent publication, gives us a definition for science which is applicable to our ambitions for scientific study of our problems. "Science signifies the existence of systematic methods of enquiry which, when they are brought to bear on a range of facts, enable us to understand them better and to control them more intelligently, less haphazardly and with less routine."

It has become the fashion to choose a key-note or by-word for a convention. Let this one be known as the Fact-Finding Convention (not Fault-Finding). An article entitled, "Fact-Finding: A Revolutionary Science," points out that what chiefly moves our times is something deeper and much more revolutionary than the mechanical inventions of this scientific age. "It is the invincible persuasion that truth can only be discovered by the examination of facts."

Having the objects of our Association and the object of this convention in mind and with Fact-Finding as our motto, let us briefly review the nursing situation as it exists in Ontario today, dividing the subject into two parts: Nursing Education and Nursing Service. Before proceeding, let us speak for a moment of the exhaustive fact-finding campaign that has been under way in Ontario for the past few months in connection with the Survey of Nursing Education in Canada, arranged jointly by the Canadian Medical Association and the Canadian Nurses Association. Dr. Weir, the director, has been resident in Ontario for several months, and no doubt has interviewed many of you. While the object of the survey is a study of Nursing Education, it has involved a study of Nursing Service, and the report when compiled will no doubt present existent conditions in matters of service as well as education. We should as individual nurses and as an association, keep ourselves well versed upon matters relative to present conditions and problems so that we may be ready to study the Report more intelligently when it is submitted, and consider more promptly all feasible suggestions.

(Read at the annual meeting of the Registered Nurses of Ontario, April, 1930.)

Let us now consider the first part of our subject—*Nursing Education*: the facilities afforded for education of the student and the graduate nurse, the demand for such education, the progress and needs in connection with future development.

We find that there are ninety-eight Schools of Nursing being conducted in hospitals of all sizes from the large "five hundred bed and over" to the small "twenty-five bed and under," and that each year approximately one thousand nurses graduate and successfully pass the Provincial Examination, receiving the title of Registered Nurse. We hope the Survey will reveal facts which will determine some controversal points. Are we training too many nurses in Ontario? Can the hospital with a very small daily average of patients offer adequate facilities and sufficiently wide nursing experience to permit of the conduct of a school of nursing? Should the responsibility of providing nursing care for patients depend upon the services of the student nurses to as great an extent as it does in our hospitals at the present time?

There has been remarkable advancement in the schools of nursing since the establishment of the Nurse Registration Act in 1922 and the appointment of a Council of Nursing Education and an Inspector of Training Schools. The official "approval" of schools of nursing by the Department of Health, as provided for in the "regulations" will, we hope, be enforced in the very near future. As a direct result of the desire of the schools to meet the "regulations" a real problem has arisen, namely, the need for affiliation for students in schools whose hospitals do not provide all the services required to qualify under the "regulations." The study now being conducted by the Ontario Hospital Association, in an effort to determine whether it is more economical to care for patients in a small hospital with a graduate staff or by the conduct of a training school may have some relation to this problem; if the Hospital Association is able to demonstrate that a school of nursing is not an economic asset, some of the small schools now seeking affiliation may be discontinued.

Let us review the opportunities available for advanced or post-graduate study. Two universities in Ontario offer special courses for nurses. The University of Western Ontario offers four courses: a one-year course for Instructors in Schools for Nursing, a one-year course for Hospital Administrators, and a one-year course in Public Health Nursing. A course granting a degree of B.S. in Nursing is also offered. The qualifications for this source are a B.A. degree, three years in a school of nursing, and any one of the three one-year courses. The enrolment this year is as follows:

Public Health Nursing, 7 (2 by scholarships).

B.S. Degree Course (instructors), 1.

The University of Toronto offers two courses to graduate nurses: a one-year course for Hospital Administrators and Instructors, and a one-year course in Public Health Nursing. These courses are offered to registered nurses subject of course, to university entrance requirements. A special four-year course in Public Health Nursing is arranged; students taking this course spend two years at the University and two years at the Toronto General Hospital or Hospital for Sick Children, Toronto, with special affiliation for tuberculosis work and communicable diseases. The enrolment for these courses this year is of interest:

Hospital Administration and Instructors, 23 (14 by scholarships).

Public Health Nursing, 31 (16 by scholarships).

Four-Year Public Health Course, 10.

We learn from both universities that the demand for nurses who have completed these courses is greater than the supply. Sixty-two graduate nurses in all are enrolled this year in the courses offered; we note that thirty-two of these are on scholarships. It is fitting at this time for our Association to pay tribute to those who have created these scholarships; they have been generously provided by Schools of Nursing, Hospital Boards, Women's Hospital Aids or Auxiliaries, Alumnae Associations of Schools of Nursing, the Red Cross Society, the Victorian Order of Nurses and the Rockefeller Foundation. A private citizen, the late Mr. Harry Judson Crowe, recently, in the terms of his will, paid a very fine tribute to nurses and made a generous gift to Nursing Education. Of the nurse he said: "The nature of her profession, not only in saving life but in the opportunities which it affords for exerting a far-reaching influence for good, places a nurse in a position of singular importance in a community. I therefore feel that it is desirable that the nursing profession should receive greater recognition and encouragement." The bequest is to take the form of annual scholarships to the value of six hundred dollars each for an approximate period of ten years, these scholarships being awarded to a graduate from the largest public inter-denominational hospital in the largest city by way of population of each of the provinces of Canada, and also the Dominion of Newfoundland.

In Ontario the Toronto General Hospital is the designated hospital, and in Nova Scotia the Victoria General Hospital of Halifax. It is further stated that this last mentioned hospital should receive each year double the number of scholarships awarded to any of the other hospitals in other provinces. This special provision was made as the city of Halifax was the native city of the late Mr. Crowe. The object of these scholarships is to assist or enable the beneficiary selected to take a post-graduate course for one year in a Canadian university, to be chosen by the beneficiary. No doubt the citizens of the Province of Ontario will reap great benefit by reason of additional education afforded to the nurses.

While all the courses now existent are carefully planned to better fit the nurse to go out into her particular field of endeavour, yet all courses need development. The opportunity for research and the possibility of development of the work is greatly handicapped due to the limited financial assistance available. Our Association should study this problem. We think with pride of the generous support the nurses gave the Association in response to the appeal for funds in connection with the International Congress of Nurses in Canada. With a very small annual levy on each member of the Association it would be possible, within a short time, to raise a substantial fund with which to establish an endowment for Nursing Education in Ontario. With a fund established we might appeal to men and women, possessors of wealth in our Province, to lend their assistance.

There is another need in connection with advanced education for the nurse. Just as it is difficult to find affiliation for student nurses in hospitals, so it is difficult to arrange for post-graduate study. The large hospitals are constantly being asked to receive graduate nurses who desire additional experience in special services, such as surgical and obstetrical nursing. A post-graduate school in connection with a large hospital in Ontario is a hope for the future.

That our Association is endeavouring to fulfill its educational obligations is revealed by the fact that the three sections have periodically arranged "refresher" courses, providing in each instance several days of intensive study and observation on nursing methods. No doubt these short courses have been the means of stimulating interest in the regular courses. Reports of the districts indicate that the programmes for meetings held during the year are thoughtfully arranged so as to be of definite educational value to those in attendance.

We now come to our second subject, *Nursing Service*. One thousand nurses graduate each year. At the present time there are some twelve thousand eight hundred nurses registered in the Province. These nurses do not all reside in Ontario, and of those resident here many are inactive for various reasons: marriage, ill-health or retirement. As closely as can be estimated, there are about five thousand in active service in the Province. Let us endeavour to trace their activities.

In the Public Health field we find the nurses are working through various channels: the Departments of Health of the Province, the county, the city or the town, under Boards of Education, and with various organisations and societies. Engaged throughout the Province, exclusive of the city of Toronto, there are two hundred and seven nurses doing generalised public health work, such as school nursing, child welfare, tuberculosis work, and work in connection with the treatment of venereal disease and its prevention. The Division of Public Health, city of Toronto, employs one hundred and fifteen nurses. The Victorian Order of Nurses has a staff of one hundred and thirty-two nurses engaged in public health work and visiting nursing throughout the Province. The St. Elizabeth Visiting Order employs sixteen nurses in a similar piece of work. The Ontario Division of the Canadian Red Cross Society offers a splendid Public Health Nursing Service: fifty-six nurses are engaged in the work, fifty are employed in the twenty-six Out-Post Hospitals scattered throughout the sparsely settled districts in the Province. These hospitals are usually health centres for very large areas. The Junior Red Cross, teaching the principles of health to our Canadian children, is very active, and engages the services of several nurses. The home nursing classes arranged by the Red Cross enlist the voluntary services of about eighty or ninety nurses each year. There is a large group of nurses engaged in Industrial Nursing throughout the Province. These are all engaged in Public Health work. Summing up, it can be estimated that there are about six hundred registered nurses actively engaged in Public Health Nursing in Ontario.

In the field of Nursing Education and Hospital Service we find approximately one thousand nurses engaged. This estimation includes nurses employed in private clinics, doctor's and dentist's offices.

Our study now reveals an interesting fact, namely, that with approximately one thousand six hundred nurses engaged in Public Health, Nursing Education and Hospital Service there must be some three thousand nurses engaged in Private Duty Nursing.

Let us briefly consider the organisation of the work in the three branches of nursing.

We find Public Health Nursing exceedingly well organised throughout the Province. It is a work that is appreciated by the people; they see the end-results in the improved health of their families and the community at large. The public health nurse by reason of the organisation of the work usually has steady employment, reasonable hours, regular vacation and a set income. The work usually affords opportunity for advancement.

The nurse engaged in Nursing Education and Hospital Service usually enjoys the same privileges, but hours of duty are longer in most instances.

The large group of nurses engaged in Private Duty Nursing, because of lack of organisation, are denied many of the advantages enjoyed by the other two groups. The private duty nurse works independently; the volume of her work depends upon the state of health or sickness of the people in the community. Her work, in a general way, is probably less appreciated than the work of the other two groups because of the fact that the individual citizen who engages a private nurse feels that she is being well paid for the service she renders. This group of nurses is involved together with the physicians and hospitals in the controversy relative to the high cost of sickness. It has been established that because of seasonal unemployment the average private duty nurse is employed only seven months in the year. In that period she must earn enough income to maintain herself and allow her to set by an amount against the day when she is unable to work. Those who have investigated the income of the average private duty nurse state that it is not excessive.

Regarding the matter of cost of nursing service we must admit that under the present system the fee for private duty nursing cannot be met for any length of time by the person of moderate means, and not at all by a large group whom physicians and the public believe need a nursing service. What is the solution of the problem? Our Association must study the solution together with the other parties involved. We must admit that private nurse service is not available to all who require it, but we must also point out that the responsibility of providing this service cannot be placed upon the individual nurse. It may be that adjustments can be made to the present service to better fit the service to the needs of the people. It may be that a larger staff of visiting nurses, supplemented with visiting housekeepers will be one solution. An hourly or part-time nursing service for the sick in the homes and divided graduate nursing services for hospital patients may be another solution. All these methods are being tried out.

Observations from reports from many sources lead us to believe that the cost of the care of the sick cannot be materially reduced, but a means of meeting the cost must be devised.

We have heard a rumour of "state medicine." What of "state nursing?"

Our Association should leave no stone unturned that might lead to the development of a wider nursing service.

It is hoped that the information relative to nursing which is being collected from every available source by Dr. Weir may reveal facts which will help in the solution of the present problem. If the facts indicate that adjustments in nursing service are necessary, the medical profession and the citizens of Ontario can rest assured that the nurses in our Association will endeavour to make these adjustments.

"To render service in the interest of the Public" is our objective just as truly today as it has been in the past. That we are not altogether meeting the needs is not because of our indifference to them but rather because of lack of sufficient authentic information upon which to base decisive action.

WILL

There is no chance, no destiny, no fate,
Can circumvent or hinder or control
The firm resolve of a determined soul.
Gifts count for nothing; will alone is great;
All things give way before it, soon or late.
What obstacle can stay the mighty force
Of the sea-seeking river in its course,
Or cause the ascending orb of day to wait?
Each well-born soul must win what it deserves.
Let the fool prate of luck. The fortunate
Is he whose earnest purpose never swerves,
Whose slightest action or inaction serves
The one great aim.

Why, even Death stands still,
And waits an hour sometimes for such a will.

ELLEN WHEELER WILCOX
in "Poems of Cheer."

Symposium on Nursing Service

I

NURSING SERVICE FROM THE STANDPOINT OF THE PUBLIC

By **Mrs. H. P. PLUMPTRE**, Chairman of the Advisory Vocational Committee, Board of Education

Introduction

I bring with me the very sincere regrets of my mother that she is unable to be with you this evening. I feel that I am here under very false pretences, as my only qualifications for addressing this audience are that my name is Plumptre and that your chairman asked me to take my mother's place, evidently believing that public speaking, like measles, is infectious. Hence I shall try to give you, though very inadequately, some of the thoughts which my mother would have put before you.

I am doubly overwhelmed tonight at being called on to represent not only my mother, but the general public. I have never before thought of myself as being "the Public"; somehow you always think that everyone else is "the Public" and that you are an exception. And we hesitate to identify ourselves with it, because to most of us "the Public' stands for so much ignorance, stupidity, prejudice and pigheadedness. Hence, when I speak of what "the Public" looks for in the nursing service I shall do so with all humility and trepidation.

Aspects of Nursing Service

(1) An agency or organisation which functions in relation to the State or to other institutions. There are certain things which are expected of private nurses, public health nurses or visiting nurses as a group. I shall not deal with this side of the question, as I think it will be more adequately covered by later speakers this evening.

(2) The Public looks at the Nursing Service, not only as an organisation, but as a collection of individuals. What does the Public expect from the Nurse herself?

Technical Qualifications

(1) *Efficiency*—A nurse who knows her job and who can "hand over the goods," as the expression goes. Perhaps in no other profession (except perhaps the medical profession itself) is the public so impatient of "good intentions" and so insistent on "good results." An example of what the public doesn't want! A patient I knew once asked her nurse for some hot water. The nurse returned with some water that was tepid. "But I asked for hot water," said the patient. "Well," rejoined the nurse, "this came out of the hot tap." The nurse that the public *does* want is the one who not only knows her work but gives the impression that she knows what she is about. The confidence which such a nurse inspires in her patients is often as important as anything which she actually does.

(a) *Economy*—Another aspect of efficiency is *Economy*. Economy of time in fussing with the patient, economy of effort in getting things done with the least friction, and economy of money through ingenuity in the preparation of foods, etc.

(2) *The Nurse as a Guest or Visitor in a Household*—I must speak guardedly on this subject because I see that the last speaker in this symposium is a nurse, who will probably have

---

(Read by Miss Joyce Plumptre.)

(*Four papers read at a symposium on Nursing Service, held during the annual meeting of the Registered Nurses Association of Ontario, April, 1930.)

the last word when she tells you what the nurse expects from the public in this respect.

(a) *Co-operation*—I think that gradually the public is realising that a nurse is a guest and not a labour-saving device. This will lead to co-operation on both sides: co-operation as to meal hours, as to food, as to hours of duty, as to the type of work required of the nurse.

(b) *Adaptability*—Co-operation requires a great degree of adaptability. At a dance there is no more difficult number than a Paul Jones, in which a girl must be continually adapting herself to the steps, rhythm and idiosyncrasies of each new man. A nurse's life is a continual Paul Jones; she must everlastingly be adapting herself to new conditions. The nurses of the outpost hospitals and frontier towns have given a glorious example of this versatility. They have been called on to ride forest trails, to travel by canoe, by dog sleigh, snowshoe, and aeroplane. They have fitted up box-cars as emergency hospitals, or, as I have seen the nurses of the Whitney Outpost do, they have cooked meals for the hospital on a wood stove in an open shed. Less spectacular, but no less real, is the versatility needed by a private nurse in a household. Here the public demands a miracle of her, for they look to her to turn makeshift home equipment into hospital efficiency. Here, too, she must apparently adapt herself to the ways of other nurses, and not do as one nurse I knew, who insisted on washing a pneumonia patient, who had been washed one-half hour previously, because her training had taught her that a patient must be washed at once by the day nurse.

The Patient's Expectations

I have left to the end the thing which I believe is most important of all—the relation of the nurse to the patient. What the patient chiefly looks for in the nurse may be summed up in that much abused word "personality." It is true that to a sick person a nurse often appears as an Angel of Mercy, bearing Hope and Healing in her hands, and this image is a great tribute to the work which nurses have done. But even an angel develops a personality if she stays near you for long enough, and soon a nurse becomes a very real person, a person who is congenial or not congenial to her patient. Here again we demand almost superhuman versatility from a nurse: she must indeed be "all things to all men, women and children." "What do you expect from a nurse?" I asked a young married woman yesterday. "To make me comfortable and leave me alone." "To discuss theology with me," came from another. "To read to me," said another. "To tell me about the movies she goes to." Thus while the patient demands that the nurse should be utterly engrossed in him and his needs, he also expects that she should develop a wide range of outside interests, that she should have tact and a sense of humour, and that in all her work she should show common sense, not the horse sense that a former generation might have thought sufficient, but *motor sense,* which stands for efficiency and reliability.

Conclusion

The public expectations from the Nursing Service may seem exorbitantly high, yet where has the public looked for its standard but to the history of nursing itself. It was Florence Nightingale who first taught the public to see the nurse both as the "Lady of the Lamp" and as the hardy pioneer. Because those traditions have been nobly upheld, the public sees the nursing service today as a "chorus of Nightingales"—women who bring to their profession the tenderness, patience and understanding of the "Lady of the Lamp," and also who will follow her pioneer example of clear-headed efficiency, of common sense and of a great vision.

II

NURSING SERVICE FROM THE STANDPOINT OF THE HOSPITAL

By FRASER ARMSTRONG, Superintendent, Kingston General Hospital, Kingston.

Your able and popular president, Miss McKee, knows that I am proud of the nursing staff associated with me in my work. She knows, also, that I have a tendency to view the situation from the citizen view point, and that I do not believe the general policy of using graduate nurses in many hospitals today conforms to the fundamental principles of good organisation. I wonder if she is afraid that in my discussion I will try to flatter you, or if she wanted to let me know I will be excused if I propose different policies than are generally accepted today. At any rate she has warned me in a letter that this meeting is not for the purpose of finding out what good fellows the graduate nurses are but to hear constructive criticism. As I see the situation, it calls for neither flattery nor criticism. Your organisation is anxious to increase your service to the patient and the public, and if there is a need of any adjustment in policy you will co-operate in promoting this adjustment.

We will not waste your time by discussing in detail the commendable progress that the nursing profession has made. It is sufficient to say that fifty years ago there were few if any nurses having a training that made them any more valuable to the patient than would be expected from the ordinary conscientious woman. Today, the profession of nursing has advanced to the point where the graduate has a training that allows her to co-operate most efficiently in the care of the patient. If this training is to be utilised with economy and to the greatest advantage of the patient then the graduate nurse must be used as far as possible in a professional capacity. In home nursing this is difficult to organise without promoting other and supporting services, which services may prove a financial burden on the family. In the hospital it is a different matter, and if your group will co-operate in giving the hospital a more direct control of the graduate and special nursing service, we in the hospital can organise support to your work that will place your service upon a higher professional plane than it is today. In recent years there has been a decided shifting of illness from the home to the hospital, and if policies can be promoted that will allow a greater use of the graduate nurse in the hospital we are working in the interest of the patient and in the interest of the nursing profession. This brief discussion will centre around the promotion of these policies.

In every organisation there comes a time when in order to progress a change of policy is necessary. If these changes are made gradually the improvement goes on without creating any disturbance. If the small changes are postponed there will come a time when drastic changes are necessary, and for a time these changes may cause much disturbance. The progress in your profession has been steady but gradual, and I can see no reason why the adjustments ahead cannot be solved in the same way. The time seems opportune, however, for a stock-taking of present conditions and future needs so that we might visionise future requirements and adopt gradually and in a harmonious way those policies and methods that mean progress.

Taking stock, what do we find? At present there are over two hundred thousand nurses in Canada and the United States. Your ranks are increasing rapidly, and unless conditions change it will not be long before you have a graduate nursing force of approximately one-half million. Already the nursing groups are beginning to complain of lack of steady employment and low average yearly income. Naturally you are beginning to worry, and nursing organisations in certain sections in an effort to increase yearly revenues, are discussing larger fees for special nursing. Discussions also are taking place as to the desirability of a direct curtailment of the number of graduates. On the other hand, one hears from the patient a most definite complaint of the high cost of sickness. It is a time, therefore, for serious thought as to the future.

Taking note of general social conditions, what do we find? Industrial conditions are changing. A few years ago the man at the top took all the chances and reaped most of the financial benefits. Today, with the improved educational advantages and mechanical developments, much of the responsibility is being passed on to others who now make good average incomes. The ordinary workman of the past is being replaced by the skilled workman who also makes a good yearly income. It was not so many years ago that we might have divided society into two general groups, the financially well-to-do, and the poor. In recent years there has been a big increase in what we might term the man of average or moderate financial means. Today a large percentage of our patients are citizens of moderate financial means, and we must shape our future policies so as to give service to this group.

The country needs an enormous number of graduate nurses, and it is hard to picture the time when with our increasing population and increasing avenues of service the profession will be too great in numbers. To my mind there is little need for you to worry greatly over the increasing numbers in your profession but you should be much concerned in cooperating in a policy that will allow advantage to be taken of your nursing service. This is an age of efficiency in organisation, and efficiency in organisation means a fair return to the worker and an economical product to the consumer. If at present the average yearly return to the graduate nurse is very small, and if at the same time the cost of nursing service to the individual using it is high, then is it not time that you prepare yourselves to consider your problem from an efficiency standpoint? As a group, working by yourselves, this may be a difficult problem, but in co-operation with the hospital I think it can be accomplished.

We have already stated that sickness is shifting from the home to the hospital. This is now taking place in spite of the fact that the paying patient in the hospitals in Ontario today has to be charged a little more than he would be for the same service if society assumed the full cost of the indigent patient. The Hospital Act at present attempts to protect the hospital for indigent service to the extent of $2.35 a day, but taking into consideration the great loss from so-called drifters and the difficulty in proving residency, the hospitals in Ontario are fortunate when they average over $2.00 a day from this source. This particular service costs about $3.00 a day. The hospital therefore takes a loss of about $1.00 a day on each public ward patient. This deficit has to be made up from some source, and only two sources are available—donations and an increased charge to the pay patient. It is only right that the well-to-do financially, who want the very best of accommodation, should contribute by their fees to this deficit, but it is manifestly unfair to have to charge one cent over the cost to the pay patient of moderate means. More and more our patients are being drawn from this average class. If this is happening under the present handicap we may expect a heavier proportion of these patients when public opinion has been educated to the point of supporting our government in an Act which will fairly distribute the hospital cost. Your group can therefore estimate the future correctly if you realise that there is going to be an increased opportunity of service in the hospital to the patient of average financial means.

Efficient and economical organisation calls for definite lines of responsibility. If the consumer of a manufactured product had to arrange personally for a skilled workman to go into the industrial plant in order to supply him with certain articles, he would certainly have to pay more for his product than if the industrial organisation controlled these skilled workmen themselves. The skilled worker would probably make less money than if he was employed directly by the organisation, the consumer would probably receive an inferior product, and the industrial organisation might find it difficult to discipline and control these skilled workmen engaged by so many different parties. This is an exaggerated way illustrates the situation in many hospitals in respect to the special nurse. We have a fine group of nurses to work with but the general organisation principle by which they are employed in the hospital is wrong. Working towards efficient service of the graduate nurse in the hospital, the first feature seems to be a policy of adjustment whereby all special nurses would be engaged by the hospital and this institution held responsible for the efficiency of the service. Certain large hospitals are already organised on this basis and as the merits of good organisation principles become more generally approved this is a condition of the future that you must be prepared to meet. It may be carried out to a point where the hospital will engage a group of nurses on a yearly salary and charge the patient a fee in accordance with the service given. Under such a general arrangement it would be quite an easy matter for the hospital to spread the service of the group-nurse over two, and possibly three, patients.

Group nursing has been much discussed in recent months. In fact, it seems to have caused much alarm in nursing circles. This alarm I feel is due to a misunderstanding. The graduate nursing group may be of the opinion that the system will decrease the demand for specials and that it may tend to decrease the group's control of the situation. You will always have the patient who wants the special nurse entirely to himself, and group nursing properly organised will mean that future nursing service will be taken advantage of by many patients who now cannot afford the full-time special.

The organisation of the group service seems quite simple. Supposing the hospital wanted to start the system in a small way, and as an experiment the plan was applied entirely to night service. The hospital could engage four group nurses as a unit. On three nights of each week there would be four graduate nurses to care for such patients as might be detailed by the hospital, and on the remaining four nights of the week, three nurses would be available. This would provide for one night off each week. Then if regular holidays are given in addition a temporary relief special could be employed for the holiday period. Judging by the average yearly income received now by the special, such nurses could be engaged at an annual cost to the hospital, including maintenance, of about $1,400.00 a year. As their value increased and the work they undertook became of more benefit, their income would be increased. Four such graduates at the start would cost the hospital about $5,600.00 a year, or about $6,000.00 a year when holiday and sick relief are provided for. The group could give a 1,248 night service, and if on the average over the year they each looked after a patient and a half per night, they would give a patient service of 1,872 nights, and the hospital could break even by charging the patient a fee of $3.50 a night. As the patient under the present individual service has to pay for the nurse's board as well as her salary, this would mean that under a reasonable group service the patient could have the advantage of a reasonable amount of special nursing at an expenditure of about half that which it now costs him for the full-time special. Additional group nursing units as outlined above could be added as the demand for the service increased.

I trust your president will make good on her promise that I will be excused if I have visionised policies that do not conform to the present ideas. I am sincerely of the opinion, however, that as better business management is adopted in the hospital, public opinion of the nursing profession will approve of a more direct control of the special service in the hospital than exists today. This control will protect the special nurse to the extent of a more satisfactory annual return, and will certainly provide graduate nursing to the patient of average income at a more moderate cost.

We have passed through a stage where it was economically almost a necessity for hospitals, large and small, to utilise to a great extent student nurses and to leave it to the patient if special service was desired. Gradually, however, with the increased cost of maintaining necessities for the adequate training of nurses, it is becoming a question, after taking into consideration all the items, if it is not almost as economical to use graduate nurses in the hospital. There is no question but that the hospital that employs graduate nurses to supplement the floor service of the student group is a much more efficient and stable organisation than the one that relies on the shifting student organisation. The movement today, therefore, is towards the use in the hospital of more graduates for general duty service. Reading articles submitted by prominent nurses, I judge that in some institutions graduate nurses do not find this general service attractive. This situation is a question of organisation, education, and adjustment. For myself, I would judge that the general duty graduate who is employed in the hospital where she can take a pride in being an important link in the organisation, where she can be assured of a reasonable yearly income, where she is housed under satisfactory conditions and where she can have an opportunity of specialisation or post-graduate study is much better off than the present so-called special nurse.

In a general analysis of the graduate nurse situation I see nothing but very favourable conditions ahead. There must be, of course, as time goes on, certain adjustments and policies in order to meet new conditions, but it is always wise to proceed slowly in these changes. I see no great concern for your group in the figures being presented as to your increase in numbers. It is desirable that you increase gradually your general standard, so that the graduate nurse in all localities will merit the increased confidence of the public. The preliminary requirements should be such that the nurse will have a proper foundation so that she may later take advantage of the many new avenues of service that will develop. During the early stage of the probation period the prospective nurse should be watched and studied carefully. If she does not have the personal qualifications that will make her a good nurse, then this seems to be the proper time to persuade her to take up some other phase of service. The time seems opportune for more post-graduate work and specialised study. This is a policy of the future that could easily be adopted in the hospitals as they come more and more to control a large group of graduate nurses.

III

NURSING SERVICE FROM THE STANDPOINT OF THE PHYSICIAN

By **HARVEY AGNEW, M.D.,** Department of Hospital Service,
Canadian Medical Association

From conversation with your President, I gathered that the object of this symposium is to get as concise and complete a viewpoint of present-day nursing service as possible, and that this objective can be best achieved by obtaining the observations of others interested in your work, who are vitally concerned in your development, and who by their very detachment from the inner whirlpool, the economic maelstrom, of everyday nursing life, obtain a perspective to their viewpoint which may be of some value to you in adjusting your great profession to its fundamental purpose—the service of mankind.

I hesitated long before accepting your kind invitation because I felt that it would be a most difficult task indeed to express the composite viewpoint of the physician; in fact, it might not be fair to saddle the medical profession with my remarks, which are based partly upon my own observations as a physician in private and hospital practice, but to a greater extent upon the unusual opportunity afforded me through my connection with the Canadian Medical Association, and especially our Department of Hospital Service, to ascertain the consensus of medical and hospital opinion on this subject, not only in Ontario but throughout the Dominion.

One approaches this subject with a profound appreciation of the tremendous service rendered by the nursing profession, with a respect for the great traditions of the past, and with a hope that any suggestions made at this time will be considered as of a helpful and constructive nature rather than destructive, and, because of our knowledge of each other's problems, as a contribution to a conference *en familie.*

Meeting the Public Need

In discussing this subject, one must first ask, "What is the function of the nurse?" To what does she devote her life?

The focal point in the life of the nurse, just as in that of the physician, must be concentrated in the patient. The glorious traditions of the nursing profession emphasise this viewpoint, that the welfare of the patient must always be the first consideration of the nurse. Therefore, any comments which a physician might contribute to this discussion would bear upon whether or not the present nursing system permits our nurses to properly meet the needs of the sick public and the physician entrusted with its care. In other words, does the present nursing system permit the patient to get that nursing service which the physician deems necessary?

I have discussed this point with a great many physicians and surgeons, and, from the multiplicity of opinions, gradually two or three outstanding thoughts appear to crystallise.

With the individual nurse, one seldom hears aught but unstinted praise. Her devotion to duty, her courage in the face of personal danger, her abnegation of self-interest, hallmark the individual nurse as a true disciple of the revered pioneers of bygone days. Every physician can point to this or that nurse who has been a faithful ally in many a battle, as with shields locked they have defended the hapless patient from the demons of disease and death.

True, now and then one hears of instances of disloyalty to both patient and doctor, of unprofessional conduct, of an unduly mercenary attitude; more often, of lack of interest and practical training as compared with the nurse of a previous generation; but the incidence of such aberrations is so low as compared with their occurrence in other walks of life that they are apparently the exceptions which draw attention to the general rule.

Have We the Best Nursing Service?

I think that we can safely assume, therefore, that the doctor has every confidence in the individual nurse. But is he satisfied that the patient gets the best possible nursing care? Can the average patient make use of the highly competent present-day nursing service which has been brought to such a high state of efficiency? My impression is that a fair number of doctors are reluctantly being forced to the opinion that somehow or other the nursing profession has grown away from the patient.

I have been enquiring for some time now as to the proportion of patients really needing nursing care who are able to avail themselves of this attention. Of course in hospitals all patients get some nursing care, although it is to be regretted that in some institutions it is the least possible minimum unless "specials" be engaged. But for those patients who are ill at home (and these comprise the great majority of patients) I think we are safe in assuming that perhaps four out of five of such patients cannot avail themselves of skilled nursing care. Every doctor doing general practice has worried time and again over patients sick in their homes, trying to struggle along either with no nursing care whatsoever, or with whatever intermittent assistance the husband or a kindly but untrained neighbour woman could give. In many communities even far less than this estimated 20 per cent. of the sick can employ a nurse. The situation is pathetic; it is more than that, it is tragic.

What is the explanation? Why is it possible for us to have this peculiar situation with scores of patients in every town needing nursing care and unable to get it; with doctors unable to obtain that nursing skill which they know is available and which is essential to save the patient's life; and (here is the rub) with thousands of nurses unemployed and now passing through possibly the most widespread period of unemployment in your history? Again, may I repeat, the situation is more than pathetic, it is tragic.

What is the explanation for this state of affairs? Why should nurses exist on a pittance while patients need but cannot avail themselves of their services? The fundamental factor is undoubtedly economic. There may be other reasons (I recall spending over an hour on the telephone trying to get a nurse to go to a private home in Rosedale, to nurse an easy case, with a maid at her disposal, and being told by two different registries, one of the hospitals and a number of nurses whom I called up, that every nurse on call had specified "Hospital Duty *Only*"); but the one big reason is undoubtedly a financial one.

Nurses' Incomes

I do not mean to imply for one instant that the private duty nurse is making too large an income. Far from it. When one considers the long, arduous and unremunerative period of preliminary training her average annual income is quite inadequate. According to the report of the Committee on the Grading of Nursing Schools the average annual income of the private duty nurses in the United States is about $1,300.00. I doubt if in Canada this figure would be much over $1,000.00. One nurse here in Toronto, a registered graduate of a well-known Ontario training school, told me that she was "on call" for four months last summer and autumn without getting a single case, and finally had to accept undergraduate work at a reduced remuneration. The nurses are obviously not over-paid, but the long gaps of unemployment naturally require a heavy charge upon the patient during the periods of employment. Moreover, the bulk of the nursing in most localities in

Ontario is of one type only—no matter how short a period during the day the nurse may be actually required, she must be engaged for the whole day or not at all. We do not engage a lawyer by the day; a music teacher or a doctor does the work required and charges by the hour or according to the type of work done. This is in keeping with modern methods. One wonders sometimes if the present system of private duty nursing has been kept abreast of the many changes being made in other professions and industries to meet changing conditions and standards; certainly it is rather obvious that the present system is wasteful and is not entirely satisfactory either to patient or to nurse.

By our present system, these periods of unemployment during slack seasons are really quite essential to provide for the busy seasons—but they are hard on the nurse. The long periods of idleness, the sudden plunging into the exhausting, nerve-wracking ordeal of nursing a hard case, possibly with 24-hour duty, alternated with the occasional ridiculously easy case with nothing to do, the financial uncertainty, all have a deleterious psychic effect upon the private duty nurse, and one might venture the opinion that the nurse doing public health work, social work, floor duty and other salaried work is really the happier nurse, and possibly in the long run she also receives greater remuneration. The nurse who desires the freedom of "free-lance" work might well ponder this thought.

Undoubtedly for hospital administration, for the teaching of undergraduates, for operating room and floor supervision the highest training is desirable and can be fully utilised. This also applies to various aspects of public health and industrial nursing. And a rare combination of skill and training is required to nurse the pneumonia patient, the typhoid patient or the thyroid or gastroenterostomy post-operative case. For all of these activities and for many others efficiency of the highest order is not only desirable but is imperative.

The call of today is for higher and better educational standards for our nurses. With the increasing complexity of medical knowledge and the various highly exacting fields of work opening to graduate nurses such a tendency is inevitable and is to be commended. But we must not lose sight of the fact that every such move widens the gap between the patient and the nurse.

For so many of the illnesses to which human flesh falls heir, no such skill is required. For the majority of illnesses the amount of nursing required, even the skill demanded, may not be great. What is the result? You would be surprised in what great demand is the practical nurse at the present time. One doctor with one of the largest general practices in Toronto told me that for home cases he almost always engages a practical nurse. or else calls in the Victorian Order of Nurses for the district. He finds (and I fear he is not alone) that for the ordinary, garden variety of illness encountered in daily practice the practical nurse fits into the home just as well as the trained nurse.

To me this does not seem as it should be. With all respect to that large body of kind-hearted, conscientious women who are known as "practical nurses," they are nevertheless untrained in the majority of instances, unlicensed, and entirely without supervision. I am *afraid* that Sairey Gamp is not entirely dead yet. One might say, "Well, our graduate nurses have not taken these long years of training to cook meals or to get little Jimmy ready for school." That is perfectly true; to do so would mean the wasting of a great deal of that training for which you have laboured so assiduously. But the fact remains, as I stated a few minutes ago, that there is a definite feeling that present-day nursing, efficient and excellent though it is, has somehow grown away from the *actual needs* of the public. And after all, it is necessary that little Jimmy be made ready for school. There seems to be too wide a gap between the comparatively untrained ministration of the practical nurse and the highly trained services of the registered nurse.

Part-Time Nursing

Whether other forms of nursing can be adopted which will prove less wasteful of talent, of training and of time on the part of the nurse and more economical for the patient is a problem for discussion. *Group nursing* in hospitals has been advocated and has been tried out in various places. On the whole, reports are favorable; it has proven quite satisfactory in Rochester (Minn.) over an eight-year period. Some diversity of opinion may be due to the haphazard, unscientific nature of some of the experiments. Moreover, I have been amazed at the lack of accurate knowledge of the principles involved of so many who speak so glibly on the subject. One difficulty here in Canada is that we theorise a great deal on this subject but do not give the system a thorough, scientific test.

Hourly Nursing

Hourly nursing has been suggested as a solution for the problem in the home. Certainly it has proven a tremendous success in the hands of the Victorian Order of Nurses. In the majority of illnesses a short visit once or twice a day by a skilled nurse to supplement the ordinary care of the family or the domestic help is quite sufficient. However, this system requires organisation, the co-operation of a nursing group, the education of the public, and the aid of the medical profession, and the failure of sporadic attempts may be attributed to failure to obtain these prerequisites. Hourly nursing may be more adaptable to large centres than to smaller towns. Moreover, we need accurate statistical data as to the cost of providing such nursing. In Cleveland, the Visiting Nurses Association estimates that its average postpartum visit takes 58 minutes and costs $1.95; pre-natal visits average 21 minutes and cost $1.04; average bedside nursing requires 28 minutes and costs $1.13. The Victorian Order of Nurses for Canada has made a study of the cost of hourly visiting and finds that it is approximately one dollar per hour; in Toronto it is 99 cents, in Montreal the cost is $1.10. Appointment visiting is a little more expensive and costs approximately $1.50 per hour.

It is a well-established economic principle that the lower the cost of a commodity the greater is the number of purchasers. And, as a corollary, the non-employment, or the begrudging employment of nurses by patients can be overcome and the income of nurses safeguarded by so distributing the cost of the nurses' day so that, either it does not fall upon one head, or it is divided as an insurance measure over the citizens at large, and paid for when they are well and able to pay for it.

However, the purpose of this paper is to discuss present nursing service from the viewpoint of the physician and not to suggest ways and means of changing this service. Whether the nursing profession and the general public which now seem to be drifting somewhat apart can be brought closer together by group nursing, by hourly nursing, or by recognising and partially training practical nurses for certain grades of work, or by creating two grades of registered nurses with a different objective in mind for each group, is a matter for serious discussion.

Our whole fabric of health preservation and care is under fire and the future course of our medical and nursing activities is in the lap of the gods. We in medicine are seriously considering how we can give still greater service to the public at minimum cost. One thing those of us in both the medical and the nursing profession must bear in mind—our primary *raison d'etre* is to serve the public, we are wholly dependent upon that public, and the future development of our professions depends entirely upon how well we discharge that obligation. Neither profession must let its zeal for progress, for greater efficiency, for scientific achievement, draw it to a plane from whence it cannot maintain the fullest contact with the ordinary problems of everyday life. The public is a restless, exacting, unsparing clientele; they do appreciate your individual efforts, but they also feel that your system is antiquated. And if that contention be true, it is much better, and safer, to have any necessary alterations initiated from within.

IV

NURSING SERVICE FROM THE STANDPOINT OF THE NURSE

By ISABEL MacINTOSH, Chairman, Private Duty Section, Registered Nurses Association of Ontario

My embarrassment would in some measure be relieved if I could, even in a slight degree, feel that my ability to deal with this subject were equal to the importance of the occasion. Why you have asked me to do it, is beyond my power of explanation, but, if there be any virtue in this paper, it comes from a pride in my profession, together with a deep interest in community welfare. Then too, there is an abiding gratitude for the many circumstances which have made my professional life, both institutional and private duty, a singularly happy one.

As we heard tonight the different viewpoints of the community served by the various branches of our profession, we could not refrain from thinking that this programme was arranged in answer to Robert Burns' well-known prayer:

> "Oh, wad some power the giftie gie us
> To see oursels as ithers see us,
> It wad frae many a blunder free us
> And foolish notion."

Judging from the agenda presented at the various national and provincial nursing conventions, even the most captious critic must admit that nurses are continually searching for such measures as will increase their usefulness in the community. For further proof there is the National Survey of the Nursing situation going on at the present time, a project started solely for the purpose of trying to find the different types of service that will meet the present day need of the community, the hospital and the medical profession.

The nursing profession, in which service ever has been, and is, the keynote, has every reason for unfailing courage and undaunted effort. It is two thousand years since the obligation of caring for the sick as a community service was born in the parable of the Good Samaritan, and cradled in the early years of the Christian Dispensation. That is tradition and history, yet we have the living reality of this service swept forward through the centuries, though it is only during comparatively recent years that it has been crystallized into a profession on a scientific basis by the phenomenal developments in science and education. All this has been accomplished through a time of changing economic standards, the revelations of which are such as to produce some confusion and a few complications.

Let me unveil for your inspection a picture of the nurse as she stands ready to serve her community. This word picture was exquisitely outlined some years ago, by a past president of the Canadian Nurses Association. "She is a woman, physically strong and mentally alert, who thinks clearly and observes accurately; her sympathies are tender and at the same time, purposeful; her response to routine duties is competency, and to emergencies, initiative and resourcefulness. To all these qualities is added the lovely virtue, courage, through which not only her own life is made beautiful, but by means of which she inspires those to whom she ministers."

So numerous and varied are our responsibilities as "nurse, teacher, public official and friend" to the community, that it is impossible to emphasize any particular one. It is sufficient to say that since the profession, with its twofold purpose of getting the sick well and preventing sickness, touches every line of human endeavour, the adjustment of the problems arising from these various contacts is not so simple.

It is rightly conceded that we depend on hospitals for our educational life, yet they in turn are dependent on the nursing profession for a great measure of their esteem and place in the community. Just as any hospital reacts to the criticism of the public, so must this same hospital, because of its laboratory of hourly education of the nurse, depend on the standard of skill and efficiency translated to the outside world through the medium of its graduate nurses. We who view this responsibility from within the profession, realise that in a community of varying complications, "it is harder to know what to do than it is to know how to do what we ought to do," because of the reflected influence of our everyday character and skill on the community-standing of our Alma Mater.

Evidence that we have not failed is contained in a statement made by Miss Amy Hilliard, to the New York State League: "The trained nurse has been the greatest human factor in transforming hospitals from pest houses to places eagerly sought by all classes of people physically ill, and therefore she has made possible the hospital of the present and is the greatest humanitarian of the past 50 years." The logical conclusion of this must be that it is the chief concern of the hospitals to raise rather than lower the standards of admission and education; to look ever to the policy of quality, rather than quantity, in order that their graduates may find themselves within the respectable bounds of reasonable employment in keeping with their professional status.

In terms of any community's need, the phrase "Public Health Nurse," is one full of meaning because of the far-reaching possibilities of influence, through the many opportunities to further our Modern Crusade for Good Health. Through the various subdivisions of school hygiene, infant welfare, pre-natal care, district calls, tuberculosis, industrial and social service, the nurse is the golden link in the chain leading from the Public Health Administration to the members of the community requiring help in a physical, mental, moral and social way. The strength of the chain depends on the strength of the link. How could it be stronger than by having a nurse in full possession of tactful, womanly qualities, as a background for scientific education and professional knowledge?

The nurses working under the banners of the different independent orders, the Victorian Order and the St. Elizabeth Order, in their aim to give adequate and effective service to the people, find ample scope for their talents. Their calling takes them into homes of every description and gives them a great understanding of the opportunity to raise the status of the home and community, as well as to ameliorate suffering.

Perhaps no single activity has brought the nursing profession and the community into a more harmonious and beneficial relationship than the courses given in the elementary procedures of the care of the sick in the home, as well as the prevention of illness through improved sanitation. These home-nursing classes, established by the Red Cross, and presided over by graduate nurses giving their services voluntarily, have helped many a girl to a better understanding of health measures in housekeeping and home-making. Someone has wisely said that to a great degree the health of a nation depends on its women.

It seems a tragedy indeed, that special nursing services are not within the reach of all to whom such service is a necessity. The chief reason, we believe, is a matter of cost and yet nursing itself is not expensive. The average private duty nurse's income, in Ontario, is scarcely compatible with her required standard of living. I am sure the average yearly income does not exceed one thousand dollars, if that.

To Florence Nightingale is ascribed the saying, "How can anyone undervalue business habits—as though anything could be done without them." On one side, under present conditions, there are many sick people who are not receiving skilled nursing care, but who would be greatly benefited by it. On the other side, there are a great number of unemployed private duty nurses. How to strike a recognised balance, is one of the most serious problems confronting the profession and the community at the present time.

There always will be a demand for continuous nursing service for the critically ill, and from people in affluent circumstances. For the purpose of discharging our obligations to the many ill and convalescent people who do not fit into either of the above mentioned classes, it would seem to be a logical solution to develop some plan whereby nursing services of a uniformly high order might be offered in smaller units than the present 12 to 24 hour units. A plan whereby the patient pays for "hours" rather than for "days."

For a number of years our Central Registries, without any special organisation for this as a particular branch, have been ready to send nurses to homes in response to calls for hourly nursing, but, hitherto, the public and medical profession have taken very little advantage of this arrangement. This may be due to their lack of knowledge about it because of insufficient publicity on our part, or it may be due to the need of a more efficient organisation where new ground has to be broken and different concepts hammered out. For, it may be it is only now that we have come to the psychological moment in the mind of the profession and in the mind of the community, when we may emphasize the increasing importance of a new interpretation of our work to the individual needs of a large portion of the community. It is considered unethical to advertise, but "why should anything that is of value to humanity be hidden?"

This meeting should be eminently successful because of the evident desire to foster goodwill with this interchange of ideas on questions of primary importance to all concerned. At such times I am always reminded of a story that impressed me very much as it was told at a lecture given on the value of organisation work during a state convention in California:

A little boy was lost in the wheatfield, and when the alarm was sounded each neighbour went his own way to find the child, but without success. In the morning it was suggested that they clasp hands, which they did, and very soon found the child, dead. The father's heartbroken statement is a most significant one: "Oh, if we had only clasped hands last night."

For after all, in the last analysis, we should but apply this interchange of constructive thought to our own special spheres, be they educational, institutional or personal.

The accomplishments of the future must inevitably be built on the activities and attainments of the years gone by, of which the most glorious achievement has been to place our imperishable heritage of service on a broad professional basis. We are well aware of the fact that we still do not adequately fill our community needs in nursing, but for the future we have faith in the further growth of the principle of our organisation for higher and better service, because we have hundreds of living reproductions of the picture, unveiled for your study. We have faith that as it was in the beginning, so shall it always be.

"A lady, with a lamp, shall stand,
In the great history of the land;
A noble type of good
Heroic womanhood."

COMMUNITY HEALTH ASSOCIATION OF GREATER TORONTO

The Community Health Association of Greater Toronto was organised on October 7th, 1929, and the constitution adopted. The objects of the Association as stated in the constitution are as follows:

The objects of the Association shall be to provide a meeting ground for all graduate nurses doing community work in Greater Toronto, and to stimulate interest in health work through a study of community interests.

Since that time they have held three general meetings, at which addresses were given by Professor Line, of the University of Toronto, on "Personality Development"; Dr. Robert Armour, of the Toronto General Hospital, on "Neurological Factors in the Home"; Dr. Stevenson, of the Ontario Hospital, Whitby, on "The Prevention of Mental Diseases." Refreshments were served at two of the meetings in order that the members would have the opportunity of getting to know each other.

A supper meeting was held in February at the Board of Trade club rooms at which Miss Katharine Tucker, Director of the National Organisation of Public Health Nursing, U.S.A., was the guest of honour and speaker, taking for her topic "Recent Trends in the Nursing World". There were 203 members present.

Six executive meetings have been held during the year. Five study groups have been formed to study community problems. The topics under consideration are as follows:

1. Maternal Care.
2. The Pre-School Child.
3. Convalescent Care.
4. Disabilities for which more adequate treatment or institutional care should be provided.
5. Immigration.

The conveners of these committees have given reports of the progress of the study groups at the general meetings.

The "Ways and Means" Committee organised a most successful bridge at the Royal York, and the Association realised $205.00 for the general fund.

At the time of writing there are 164 paid-up members. The meetings have been well attended and have been very representative. The following list will give some idea of the organisations represented:

1. Industry.
2. Provincial Department of Health.
3. County Nurses.
4. University of Toronto.
5. Gage Institute.
6. Catholic Welfare.
7. St. Elizabeth Visiting Nurses Association.
8. Victorian Order of Nurses.
9. Toronto General Hospital, Social Service Department.
10. Infants Home.
11. Canadian National Institute for the Blind.
12. Mental Hygiene.
13. Juvenile Court.
14. National Health and Pensions.
15. Red Cross.
16. Department of Health, Toronto.

Miss S. Lillian Clayton

Nurses of Canada were shocked to learn of the death of Miss Lillian Clayton, who died suddenly on May second after less than two days' illness.

Miss Clayton, known to Canadian nurses as President of the American Nurses Association and Superintendent of Nurses of the Philadelphia General Hospital, had many friends in Canadian nursing circles; to them, and to the nursing world, her death is a great loss.

As a young woman Miss Clayton graduated from the School of Nursing of the Philadelphia General Hospital, and it was there she spent the last fifteen years of her life.

Among the schools which benefitted by Miss Clayton's direction and interest in nursing are those connected with the Miami Valley Hospital in Dayton, Ohio, the Minneapolis City Hospital and the Illinois Training School for Nurses, Chicago.

Many pages of *The American Journal of Nursing* for June render tribute to Miss Clayton's life and work. An editorial entitled "Victory" reads in part:

"A nurse, modest as Miss Clayton was modest, greatly understanding as Miss Clayton herself was greatly understanding, loving as she was loving, unostentatiously bore to her on her last day on earth a wreath of laurel with the single word 'Victory.' How Miss Clayton would have loved the simplicity of that gift!

"Like a knight in armour, Miss Clayton lived her life. Rigorously she held herself subject to the demands of the imperious will which had early set her feet in the path of Service. . . . Gallantly throughout her life she fought for those things which claimed her loyalty. Silently she bore misunderstanding and forebore either recrimination or explanation.

" . . . May it be that her greatest victory is to come? Perilously weakened by her loss at this time, may it be that those who follow her will find strength to ignore pettiness and self-seeking and to focus their attention on the great problems confronting the profession? Nursing is replete with potential greatness, for the spirit of nursing is the demanding spirit of service. Among our thousands there are those who, modest as she was modest, also possess as she possessed, within themselves the power of leadership. Like a trumpet blast comes the call to transmute weakness into strength, vacillation into action, fear into courage, dreams into realities. It must never be said that the banner of the American Nurses Association trailed in the dust because of lack of strength and purpose. The greatest tribute to a great leader is the fulfillment of her dreams. Miss Clayton worked for a united profession, she laboured to improve the economic situation, she toiled to translate into practice the educational standards in which she believed. Her greatest victory might come through the inspired and faithful effort to fulfil her dreams of the profession. May it be so!"

In "An Appreciation of Miss Clayton" which the Mayor of Philadelphia issued after her death, he said in part: "Philadelphia has sustained an irreparable loss. The record of activity left by this wonderful woman is a shining example to the youth of our day. . . .

"When the record of men and women who have rendered unselfish service of high character to their fellow-men shall be written, undoubtedly the accomplishments of this modest woman will shine forth with increasing brilliancy. She commanded the respect, the admiration and the co-operation of the leaders of governmental and civic bodies, because she was always able to present her subject in a most convincing and appealing manner.

"What a tremendous source of inspiration the record of this woman must be to the girl life of our day. She reached her eminent position because of her intensive love of her chosen profession, and the great impulses that surged through her soul to lift those that were intrusted to her care and guidance to the highest possible level of attainment.

"No one could have witnessed that great outpouring of men and women who gathered to pay her their last tribute of respect and love, as she was laid to rest in Woodlawn Cemetery, without realising that a great dynamic character had touched the lives of countless thousands and had brought sunshine and happiness into the realm where she presided. It would be a splendid thing if the young girl of today would seek to emulate the accomplishments of women like Miss Lillian Clayton."

Funeral services were held in the Nurses' Home of the Philadelphia General Hospital, where for so many years Miss Clayton had given devoted service. Revered in memory and honoured by a host of friends from all walks in life, she was laid to rest in Woodlawn Cemetery, beside the grave of Miss Alice Fisher, the founder of the Philadelphia General Hospital School of Nursing.

Seldom are the efforts and achievements of the leaders in the nursing profession recognised in tangible form while they yet live. In May, 1928, such distinction came to Miss Clayton when there was unveiled in the Philadelphia General Hospital a bronze tablet commemorating the noble service of this great and modest gentlewoman.

Honoured in life and in death may it not be that Miss Clayton's greatest honour is yet to come—fulfillment of her most cherished plans and ideals by those who follow after her.

To the members of the American Nurses Association is extended the sympathy of the Canadian nurses in the great loss come to them through the death of their President, Miss Lillian Clayton.

Miss Linda Richards

"There were giants in the earth in those days." Fortunately we still tend to speak in this way as we look back upon the heroic figures of the past with a feeling of admiration and wonder, as upon those gifted beyond the ordinary of human capacity. In our own professional group this feeling has been called forth all over the American continent during the last few weeks as we have heard of the death, at an advanced age, of Linda Richards. "America's first trained nurse" was the title given Miss Richards many years ago and the very name is a lesson in nursing history, telling us, as it does, that all of our development of modern nursing is, as yet, shorter in length than the possible span of a human life time.

Linda Richards was a young woman keenly interested in nursing and looking — almost in vain — for adequate preparation for such work just at the time that it was announced that the New England Hospital for Women and Children in Roxbury would start a school to give this training. This was in 1872 and Miss Richards was the first pupil to enrol. Four others soon joined her, and, after a year of study, the five were granted the first diplomas from the new school, which is often called the first school for nurses in the United States.

We know that the years 1872 and 1873 marked the beginning of better things in nursing and in hospital care on this continent, and that the remaining years of the 19th century saw a great transformation in nursing and in nurses. And in all of this pioneer work Miss Richards had a very active part. She went from one administrative post to another; she was Night Superintendent at Bellevue, Superintendent of Nurses at the Massachusetts General Hospital, Superintendent of Nurses at the Boston City Hospital, and held organising and administrative positions in at least a dozen other institutions, including, in a later period, a group of hospitals for the mentally afflicted. And in all she was finding the way to teach nurses how to care for the sick: apparently it was this formal teaching and training of nurses that was always her special interest.

In addition to this long career of activity at home, she had very interesting work abroad, briefly in England and more extensively in Japan. Early in her career she went to England and from Miss Nightingale herself received the inspiration that was to carry her through many years of heroic endeavour. At the same time she studied the new nursing methods that were, by this time, well started at St. Thomas' and at a few other British hospitals. It was about this time that Henley, as a patient in the old Edinburgh Infirmary, was painting those vivid little word pictures of hospital nurses which he has left us in the sonnets, "Staff-Nurse: Old Style," "Staff-Nurse: New Style," "Lady-Probationer" and so on. Miss Richards saw them all and evidently deemed that the "new style" was good, for she went back home and, in the following years, she and a small band of other such pioneers made the newly conceived school-for-nurses an established fact in the hospitals of her country.

Miss Richards' own writings show us the fine intellect and character that together gave her so much power. It is to such women that our present nursing group is so deeply indebted. Can we find time in our restless lives to read and meditate upon the writings of these pioneers? If so, we may keep closer to the original ideal than we sometimes appear to find ourselves. May I use just one quotation. Some one had been asking Miss Richards in hospital, one day, how she had learned a certain thing. The reply came, "I will tell you how I know; by caring for my patients, by carefully watching them and observing the changes from day to day and from hour to hour, by being interested in each one as a human being entrusted to my care." It was on such lines that the teaching of nurses was built.

A memoir such as this should have been prepared for our journal by someone who has had personal knowledge of Miss Richards. As that was not possible, we have prepared this sketch in order that our Editor's desire to pay tribute to Miss Richards in the pages of *The Canadian Nurse* might be fulfilled. But the sketch is necessarily inadequate and restrained. We have felt indeed that we are touching upon holy ground and that our best tribute is that of reverence. Even eulogy, from a stranger, would be presumptuous just now. We believe that Miss Richards' death will turn our thoughts back to her life—which does not die—and, with the clearer perspective which time permits, we can obtain there the fresh inspiration that we so much need to carry on our work of today.

E. K. RUSSELL.

Obstetrical Practice Yesterday and Today

(Concluded)

By C. B. OLIVER, M.D., Chatham, Ont.

I have seen repeated unsuccessful attempts at delivery in a face case result in the baby's death, when without interference of any kind that mother would have delivered herself of a living child. Breech, face. occipio, posterior cases, those in which there has been premature escape of the amniotic fluid in normal presentations. are extremely trying to both patient and physician. In such cases after the diagnosis has been made the patient should be informed that owing to the rather uncommon lie of the baby the case would demand more time but that eventually all would be well. Secure the mother's confidence and co-operation and the item of extra time can be discounted. Under these circumstances the physician is not likely to be stampeded into taking risky premature action, owing to the importunities of relatives and interested friends.

My advice to young men faced with these problems is to ask for a consultation early. They should be willing at all times to recognise their limitations, and ask the assistance of some man whose wide practical experience warrants an opinion worth while.

Not long ago I was asked to assist a young man complete a version he had undertaken at my suggestion. His attitude afterwards seemed almost one of chagrin to think that any sort of emergency should arise where he had to have assistance. In my first 1,500 cases I had assistance in only one. I am not particularly proud of the record and never boast about it. I was practising many years before the physician I have mentioned was born and I still welcome advice, knowing I have still much to learn.

Although the profession has made great progress in the so essential matter of pre-natal care there is still much to be done. Every period of the reproductive cycle demands our attention: the neglect of one may spell disaster.

The physician may have been scrupulously exact in his directions as to diet, exercise and elimination. He may have recorded blood pressure regularly and accurately. He may have made frequent and careful urinary examinations and yet have overlooked one essential, the importance of which so few men recognise. I have had patients sent to me for confinement where every detail I have mentioned had been observed and yet when the time came to put the baby to the breast a nick was found where there should have been a nipple. That meant a block in the cycle with the important function of lactation side-tracked and artificial feeding with its attendant risks inaugurated.

Why not adopt a routine and zealously carry it out? Efforts to build up nipples and prevent development of fissures are surely worth while. And yet the average physician scarce gives a thought to this subject. These same men would find no place in their practice for a mucus catheter or an umbilical clamp.

Many years ago I showed a traveller for an instrument house a mucus catheter I had purchased in Dublin. He interested his firm in its manufacture and the instrument was placed on the market, but there was no sale. The profession was not interested. A graduate of the Rotunda would not think his equipment complete without one, thanks to Tweedy's teaching. Everyone knows why silver solution for the eyes of a new born babe is made a routine. If a child draws infected mucus into its lungs with its first inspiration what

---

(Paper given at a meeting of District I, Registered Nurses Association of Ontario.)

is likely to happen? If this mucus can be quickly and safely removed why is it not done?

If the umbilical clamps now so easily obtained are a distinct improvement on the tape method—and they are—why are they not more commonly used? Always the one answer—anything will do for a maternity case.

Many physicians have no use for an abdominal binder; they say it serves no useful purpose. If it affords the patient a degree of comfort it should be applied nevertheless. The man who overlooks the binder is more likely to overlook many other essentials.

The "after pains" that make the life of many mothers a nightmare for several days are often dismissed as a necessary infliction assigned by the Almighty for the patient's ultimate good. If the doctor who so lightly regards these pains were to suffer in the same degree himself, he would howl his head off. If he would order the nurse to give 1/6 to 1/4 of morphine hypodermically the moment these pains began, he would be surprised to find in how many instances his patient would be permanently relieved.

The dangers that lurk along the pathway of the pregnant woman are legion. Always, she is travelling "close to the border-land of pathology" and she needs a guide familiar with every shallow and quicksand and portage along the way.

When a young woman consults me with a view to engaging my services in her confinement, I always assure her that it is necessary to live a normal life, to pay particular attention to the bowels and kidneys; to drink freely of water, to eat plenty of nourishing food; to exercise daily as she had been accustomed to and to report to me at six months when I would assume complete charge during the balance of her pregnancy. To lay down hard and fast rules as to diet and sleep, the patient to remain in bed to a certain hour on certain days and to eat only what the doctor sees fit to prescribe, when she is only two months pregnant and has no complications of any kind, savors of cheap comedy and often lays the foundation of serious trouble for both mother and child. That sort of advice seldom comes from men of wide practical experience. It always sends the expectant mother into a nervous state that bodes ill for the future of her own life and that of her baby. I cannot too strongly condemn these methods which are all too frequently employed.

I have always made it my endeavour to enlist the patient's complete co-operation. After pointing to the danger spots, I show her the detour. I prescribe a nipple lotion which she has to apply night and morning, drawing the nipple out to its limit and accustoming it to touch. If a primipara, I advise her always to massage the abdomen each night for the last six or eight weeks with olive oil, assuring her such practice will help bring back muscular tone after the baby comes and prevent that laxity of the abdomen which is so abhorrent to women in general. This occupies the patient's time and encourages her to think she is paving the way to a successful delivery.

Frequent urinary examinations, careful blood pressure readings; abdominal palpation to ascertain the presentation and relative size of the child; and your patient will approach her confinement with serenity of mind and a great confidence in the physician in charge.

As I have already mentioned, wonderful advances in the perfection of the Caesarean operation have been made during the past forty years. While this operation has been unduly exploited, it is nevertheless the only solution in many obstetrical emergencies.

In every centre where hospital facilities are available it is being done, and in scores of instances, without a shadow of reason or justification. For instance, in one city where two hospitals have been in operation for 35 years, the first Caesarean section for contracted pelvis was done in March, 1918. The record to date reads: 60 Caesarean operations with a maternal mortality of six and with 15 dead babies. As one of the main reasons for this operation is to save children, this record will bear investigation.

I think Caesarean section is positively indicated in all cases of placenta praevia in elderly primiparae. It matters not whether the situation is central or marginal. Done immediately the diagnosis is made it means the salvation of two lives, whereas attempts to deliver by vagina would mean the almost certain death of the baby, and serious injury if not worse, for the mother.

I have long made a practice of inducing labour where prolonged and energetic efforts at elimination had failed to lower blood pressure or reduce the quantity of albumen. After 34 weeks or even earlier, the child runs much less risk from the menace of prematurity, than from continued residence in the uterus of a toxic mother.

Forty years ago anaesthetics were employed in obstetrics only to a very limited degree. Today it is generally conceded that all women in confinement are entitled to the relief anaesthesia affords.

The anaesthetic I have always employed is chloroform, and not in a single instance where I have used it have I seen any untoward effects. Very little is required for any operation such as version or forceps delivery. It is not distasteful; it is exceedingly prompt in its action, and nausea and vomiting rarely follow its administration.

The judicious administration of pituitrin has been a great boon to women in confinement. Much has been written about its use and abuse, and everyone knows it has been frequently employed with sinister results. But like the Caesarean operation, it will continue to hold an important place in obstetrical practice.

With the os fully or almost fully dilated and soft there is no contraindication to its employment. Immediately after its administration chloroform anaesthesia should be started. The mother, in nearly every case, sleeps peacefully through the delivery and is saved hours of suffering.

It has been frequently urged that its action predisposes to retention of the placenta. My own experience has taught me that the exact opposite is true. The now rather common practice of ironing out a rigid perineum is, of course, not new. I used it regularly 30 years ago. But because of its more general use it marks some advance over older methods.

High forceps operations have now been practically abandoned, podalic version, which is safer, having taken its place.

In one of my cases a few years ago, I discovered on examination an impacted face presentation. Under chloroform anaesthesia I corrected the position and delivered with forceps. Two years later I found exactly the same condition in the same patient. This time, however, instead of converting the position and using instruments I did a version and delivered a healthy baby in one-third of the time it took in the first instance. Since then I am finding less and less use for forceps and doing more and more versions.

But in spite of these advances DeLee is right. Obstetrical practice is on a low plane. Maternal and child mortality is shockingly high.

Children are being lost through premature and injudicious efforts to deliver, and many more go out daily through failure to offer help in time.

Attempts at forceps delivery before moulding has taken place; the administration of pituitrin before dilation; failure to do an episcotomy, and thus facilitate the birth of the head in a breech case, are some of the errors that spell disaster for the baby. Subdural hemorrhages, tears of the tentorium, convulsions and a dead baby twenty-four hours more or less after birth. Then on the other hand, if there is complete dilatation of the os why should precious hours be wasted, waiting for spontaneous delivery? If the head is on the perineum with the scalp showing at each pain, and the mother too physically exhausted to push it through, what earthly reason has the physician for further delay?

Looking back over forty years of strenuous practice I can say without egotism that my record will bear inspection fairly well. At the same time it might have been much better had not the importunities of a general practice discounted my best efforts.

What then is the remedy?

We will never see obstetrical practice raised to the plane it should occupy until it is done by trained specialists. There are about 90 per cent. too many men in obstetrical practice today to look for ideal results.

I am acquainted with a number of men willing to devote the remainder of their lives to this specialty, but their aspirations cannot be recognised because, lacking the co-operation of their fellow practitioners the venture, from a pecuniary standpoint, would prove a failure.

Let me quote in this connection the words of a great American obstetrician, Longaker, who believes in the "ultra-ultimate specialisation of this branch of surgery." "A small number of young men will train under a master and in a reasonable time will become experts in diagnosis and manipulation. In their earliest years these men will have acquired the proper use of their hands in the kindergarten and not necessarily on the gridiron. They will control the obstetric practice of their various communities—and the death of a mother during or after labour is going to be an almost unheard of accident."

And should the obstetric specialist take the place the great importance of his work entitles him to, who shall say that before the middle of this century, some expert now a student in training, may be able to write in the preface to a great book: "The practice of obstetrics in Canada can now, without question, be said to be on a high plane."

THE BRITISH EMPIRE RED CROSS CONFERENCE

The British Empire Red Cross Conference was opened on May 19th at St. James's Palace by the Duke of York, Chairman of the Council of the British Red Cross Society, and concluded its deliberations on May 24th (Empire Day). On May 21st the Overseas delegates were received by the Queen at Buckingham Palace and they were also entertained to luncheon by the Lord Mayor.

Ten years ago the British Red Cross Society, under its supplemental charter, extended its work from the relief of suffering caused by war alone to the relief of suffering and the improvement of health in time of peace. The Conference was called to examine the experience of those ten years and to discuss how the Red Cross may be made an even more powerful weapon against sickness and disease.

Miss Jean E. Browne, Director of the Junior Red Cross in Canada, speaking of the Red Cross in education, told the Conference that the Junior Red Cross had a great contribution to make. Their programme included the ideals of health, service to others, and international friendliness, and it could be adapted to any school system without adding an extra burden to the teachers. Dame Maud McCarthy, who was Matron-in-Chief to the British Armies in France during the war, referred to the work of the Voluntary Aid Detachments, and paid a tribute to their services in the war.

Brigadier-General W. F. S. Edwards advocated amalgamation of the Order of St. John and the Red Cross, but opposing views were expressed by those who favoured mutual co-operation.

"The British Journal of Nursing,"
June, 1930.

The Health Charter of the Schoolchild

A most remarkable movement at the present time in the scholastic world is closely associated with one of the principles of the Junior Red Cross. This movement is a belated reaction, on the part of psychologists and physiologists, to the tendency of teachers to treat their pupils like empty receptacles to be filled, more or less mechanically, with the maximum of information, as if the acquirement of knowledge by a child were comparable with the stowing of much merchandise into a small ship. The present reaction is not so much against the *quality* of the information imparted—though this is also undergoing a searching scrutiny and revision—as against the *quality* of the information instilled into the child of today regardless of his physical welfare. This reaction has been growing for some years, but at first it was somewhat inarticulate and lacking in precision and definition. It acquired these characteristics when it crystallised out into the resolutions adopted in Geneva last summer by the Health Section of the World Federation of Educational Associations, in whose Congress representatives of the Junior Red Cross participated. In the first of these resolutions, it was laid down that "health is one of the first aims of education, and that school programmes which sacrifice the health of the pupil for the acquisition of knowledge cannot be justified." Conceived in such general terms, this was, of course, a resolution to which no one could take objection, but it would have been little more than a pious wish, had not force and direction been given to it by the detailed resolutions which followed. According to the second resolution, "there is need for further training of teacher in methods of health education."

The third resolution deals with the printing of text-books with a view to conserving the eye-sight of the child, and the fourth resolution emphasizes the need for frequent brief rest or relaxation periods during school hours. The fifth resolution recommends the inclusion of physiology and hygiene in the school curriculum in every country, and the sixth is a plea for the provision of school medical and nursing services. The seventh resolution pleads in favour of the provision of handwashing facilities in school. This is not the place for a detailed study of all the 16 resolutions adopted, but it is well worth noting that the student as well as the schoolchild comes within their sphere, the sixteenth resolution reading as follows: "That each university should provide a student health service, including the following elements: (1) Preventive medical service, including communicable disease control; (2) Financial aid in sickness, hospitalisation where necessary, and convalescent care; (3) Athletic organisation and open-air life; (4) Suitable housing and food; (5) Health instruction." The extensive quotation of these resolutions in the campaign in favour of easing the burden of the schoolchild in France and neighbouring countries shows how valuable in such a campaign is the definition of guiding principles adopted by an influential international body.

(The World's Health, Vol. XI, Number 1.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss THERESA O'ROURKE, 753 Wolseley Ave., Winnipeg, Man.

Some Present-Day Views on Diet

(Concluded)

By E. M. WATSON, M.D., F.R.C.P. (Can.), Assistant Professor of Clinical Medicine, University of Western Ontario Medical School, London, Canada.

Principles of Diet in Disease

Diet always has played a more or less important part in the treatment of disease. The growing importance of diet as a therapeutic measure is evidenced by the increasing attention which is being paid to dietetics in present-day medical education and practice. It will be impossible in this short review to refer to all the diseases in which diet forms a part of the treatment. Reference will be made to a few of these only.

Pernicious Anaemia—One of the most outstanding achievements of dietotherapy is the successful treatment of pernicious anaemia with liver substance and liver extract. For years, pernicious anaemia baffled the ablest therapeutists until it was discovered that patients with this disease could be restored to health and maintained in this condition by the simple procedure of eating half a pound of liver a day. The knowledge that the gastric juice of all patients with pernicious anaemia shows an absence of hydrochloric acid gave rise to the thought that possibly some defect of the stomach might be a factor in the causation of the disease. The rather remarkable observation was made that when food (beef steak) was allowed to undergo digestion in a normal human stomach, removed, and then given to a patient with pernicious anaemia, it produced a response similar to that obtained by feeding liver. Such a unique therapeutic measure as this has its limitations, but it led to the introduction of stomach treatment. Results obtained by the administration of swine stomach or an extract of swine stomach (ventriculin) by mouth have equalled those obtained following the use of liver or liver extract. Besides being as efficacious as liver, stomach extract has the added advantage of smaller dosage and of being more palatable.

Diabetes—This disease calls forth the highest art of the dietitian. It was diabetes which originated the need for the special diet. The introduction of insulin has increased rather than decreased the importance of diet in the treatment of diabetes. The mistaken idea exists that the use of insulin eliminates the need for careful attention to the diet. It is true that the present-day diabetic enjoys many privileges which were denied his less fortunate prototype of the pre-insulin era. There is a growing tendency to prescribe diets higher in carbohydrate and lower in fat than was formerly the custom. One frequently encounters the popular conception that brown bread is good for the diabetic while white bread is decidedly bad. As a matter of fact, the carbohydrate content of the two is about the same. Many so-called diabetic breads which are being sold daily possess carbohydrate contents little, if any, less than ordinary white or brown bread. Diabetics frequently indulge in these products under the false impression that they are harmless. Most subjects of this disease can have practically anything which the rest of the household has, providing the proper calculations, as regards food values, are made in arranging the diet and the necessary precautions regarding the preparation of the food are observed. It is not the disturbance of carbohydrate metabolism which directly threatens the life of the patient, but

---

(Read before the Edith Cavell Association, London, Ontario, March 31st, 1930.)

the accompanying imperfection of fat metabolism which is capable of giving rise to serious complications. An important consideration, therefore, in arranging diets for diabetics is to adjust them so that ketosis and other manifestations of disturbed fat metabolism are prevented.

Epilepsy—Ketosis, which is such a dreaded complication of the diabetic, appears to be a salutary occurrence in the epileptic. Encouraging results have been reported in controlling the symptoms of epilepsy by supplying the patient with a ketogenic diet, that is a diet low in carbohydrate and high in fat, especially arranged to provoke the formation of ketone bodies.

Nephritis no longer spells rigid restriction of the protein intake. Increased knowledge of the metabolism in nephritis has provided a more rational basis for its dietary treatment. Attention is now being given to the minimal protein requirement, that is the amount of protein which is needed to replace that destroyed within the tissues by the functional activity of organs. The protein metabolism of the patient with nephritis is essentially the same as that of a normal person. If this minimal protein requirement is not supplied, a state of protein unbalance is established and the protein content of the tissues themselves is encroached upon. There are methods of clinical investigation whereby one may detect more or less exactly the nature and degree of functional insufficiency of the kidneys in nephritis. Difficulty in eliminating the nitrogenous end-products or by-products of protein metabolism from the blood may be the chief abnormality. There may be a retention of water and salt or there may be an excessive albuminuria. Diets can be arranged to suit the nature of the functional disturbance existing. Thus, as conditions indicate, the patient may be provided with a diet low in protein, a dry diet, a salt-free or salt-poor diet or a high protein diet.

Obesity is another abnormality, the treatment of which falls within the scope of the dietotherapeutist. As a matter of fact, diet, not drugs, constitutes the only rational means for overcoming this condition. The putting on of fat is not quite the simple, obvious matter that many persons think it is. The matter of being fat or thin is not a mere accident. There is a cause somewhere. Certainly it is not always a case of the more one eats the fatter one becomes; not even altogether of what one eats. Indeed, everyone knows that some people can seemingly eat anything and all they please without getting fat, while others seem to put on flesh under the most abstemious and carefully selected diet. It is quite evident, therefore, that diet is not the only factor to be considered in such instances, but the underlying disturbance of metabolism in all cases of obesity is the same.

Now, the fundamental cause of obesity is a positive energy balance, that is to say, the caloric or energy value of the food absorbed is greater than the total expenditure of energy. Consequently, the surplus is stored in the form of adipose tissue within the body. A comparatively slight disproportion between fuel intake and combustion may, over a period of years, result in a more or less marked grade of adiposity. The majority of individuals preserve a constant and normal weight in spite of marked variations in their bodily activities and without conscious regulation of their food intake. This is because the normal appetite ordinarily regulates intake so accurately that it just meets, but does not exceed, the requirements of energy expenditure. When this adjustment loses its delicacy and eating falls under the rule of habit, obesity may develop.

There are quite a number of possible causes for obesity aside from the kind and quantity of food consumed. This makes the problem of obesity one of the most complicated in the whole field of medicine. In general, people who show a tendency to put on fat can be divided into three main classes:

1. Simple obesity—Those in whom it is sheerly a matter of overeating, especially of the fat-producing foods, and under-exercising.

2. The endocrine group—Cases in which the oxidative processes within the body are slower than normal because the metabolic mechanism is faulty, due to a disturbance in the function of one or more of the endocrine or ductless glands, such as the thyroid, pituitary, adrenals or sex glands.

3. Those who are suffering from some actual disease which affects metabolism, such as diabetes.

It is quite obvious, then, that the first point to be determined before instituting any reducing treatment is to decide to which group the patient belongs. This is not always easy. Among other means, the basal metabolism test is of assistance. In simple obesity, there is no marked variation from the normal basal metabolic rate. In the cases which fall in group 2, the basal metabolic rate is often lower than normal.

But the basal metabolism does not clarify the situation completely. Two persons may show the same rates of basal metabolism. The same daily total food intake may cause the one to became fat and the other thin. The difference will often be found in the "total metabolism." The total metabolism in the two cases may be different, and it is the total metabolism in relation to fuel intake which determines weight behaviour. Total metabolism consists of the basal metabolism plus all those metabolic changes resulting from the physical, mental and emotional reactions of every-day life. All persons do not react similarly to commonly occurring stimuli. It is quite probable that the individual who gains weight readily reacts less intensively to such stimuli than one who possesses no such tendency. It will usually be observed that the persons who tend to gain weight readily, even though they apparently do not eat to excess, worry less, sleep either longer or more soundly, and when at rest, relax more completely than persons of the average or thin types.

The object of treatment in obesity is to decrease the amount of fat already in the body to something like the normal amount, and to maintain the body weight and bulk at that point. The reducing part of the procedure consists in correcting the disproportion between intake and expenditure of energy.

If the body be deprived of food, it will begin to use up its storage reserve of fat. By this means reduction is brought about. It would seem, then, that all that is necessary in a case of simple obesity is to stop eating until the body weight is somewhere near normal. Even if this were practicable, it is not desirable for two reasons. In the first place, the body draws on its reserves only for heat and energy and not to replace wear and tear of its tissues, which goes on and has to be provided for even during a reduction course. In the second place, under such complete deprivation of food, reduction takes place too rapidly, to say nothing of the lack of mineral salts and vitamins. To these disadvantages must be added the danger of acidosis from starvation.

Since the fats and carbohydrates are chiefly responsible for overweight, these are the principal foodstuffs to be withheld from the reducing diet. That is to say, the calories which are withheld should, for the most part, be those ordinarily supplied by fats and the concentrated carbohyrate foods, such as sugar, bread, pastries and preserves. Fruits and vegetables low in carbohydrate content are made use of extensively because they provide bulk, mineral salts and vitamins. The proteins may be cut down somewhat, but not to such an extent that the body loses any of its protein substance by failure to replace that lost by wear and tear.

Besides the food restriction, it seems advisable for the obese person to restrict also the water and salt intake. Fluids, if taken in too large quantities, are likely to be retained in the body, increasing the bulk and weight. Since there is a relationship between the water and salt content of the body, it is wise to also limit consumption of salt.

Gastro-Intestinal Diseases — Since the functions of the gastro-intestinal tract and associated glands have to do largely with the preparation of the food for utilisation by the tissues of the body, diet naturally plays an important part in the treatment of gastro-intestinal disorders. A review of all such conditions can not be undertaken here. In the management of peptic ulcer, the Sippy treatment and its modifications has found great favour. At times, the mechanical effect of food is of greater importance than its chemical nature or vitamin content. A certain amount of bulk or roughage is necessary for the normal functional activity of the intestines. This is provided mainly by the cellulose of vegetables, fruits and cereals. When peristaltic activity becomes under-active or over-active, the amount of roughage in the diet has to be altered accordingly. Various diseases, for example, certain types of arthritis, have been thought to be related to defective motility of the large bowel. When atony of the intestine is part of a generalised state of undernutrition, an effort should be made to correct the latter. A high fat diet may be of benefit in such cases. There is some indication that a shortage of Vitamin B influences the nutritional condition of the body in such a way that the motility of the colon becomes defective.

Heart Disease—One is apt to overlook the fact that food has an important influence on the heart. This influence is a direct one, acting by mechanical or pressure effect. A thin layer of muscle, the diaphragm, separates the heart from the stomach. When the latter becomes distended with food, it presses upward toward the former. A heart which is enlarged from disease may come into closer proximity to the stomach. The person with chronic heart disease is always more uncomfortable after a full meal. A diseased heart is an irritable heart, and therefore is readily influenced by any form of stimulation such as that caused by the pressure of a distended stomach. Patients with heart disease should take meals of small bulk and often if necessary, but not large meals which distend the stomach. Each meal should be followed by a period of complete rest.

Acute Diseases—While there are occasions when diets rich in vitamins, iron, roughage or some other particular constituent are necessary, in the case of a very sick patient these things usually have to be forgotten and efforts concentrated on supplying food of easy digestibility and assimilability and of low residue. For this reason, liquid and semi-solid foods are commonly used. There is no such thing as a standard diet for a sick patient. The nature of the diet depends upon the nature of the illness and the inclination of the individual patient. An important part of the nursing art is the feeding of the acutely ill patient. This requires at times all the strategy which can be brought to bear on the task. Most acute diseases are of comparatively short duration. Consequently, the patient's nutrition does not suffer appreciably from temporary dietary restriction. Some acute conditions last over a period of weeks; for example, certain fevers, which are accompanied by an increased metabolic rate. Whenever an increased rate of metabolism exists, as in infections or in thyrotoxicosis, there is an excessive expenditure of energy. If an energy equilibrium is to be maintained, a high caloric intake must be provided; otherwise the deficit is made up from the patient's own tissues, and wasting ensues.

In these remarks I have tried to point out some of the problems which are engaging the attention of those interested in the scientific and in the practical aspects of diet and nutrition.

SCHOLARSHIP AWARD

The Alumnae of the School of Graduate Nurses, McGill University, announces that Miss Margaret Evelyn Wales has been awarded the Flora Madeline Shaw Memorial Scholarship.

Miss Wales, who is a graduate of the School for Nurses, Montreal General Hospital (1916), holds a Model School Teacher's Diploma from Macdonald College, and has had considerable experience in teaching with the Montreal Protestant Board of School Commissioners. Miss Wales has rendered very exceptional service in the Private Duty Nursing field and in School Nursing in the Province of Quebec. The committee responsible for deciding the award of this Scholarship deem Miss Wales well equipped and prepared for the advanced study which is now made available to her. Miss Wales plans to enter the Public Health Nursing field following her course at the School for Graduate Nurses, McGill University.

The first Flora Madeline Shaw Memorial Scholarship was made available this year following the decision of the committee in charge of the Flora Madeline Shaw Memorial Fund to offer a Scholarship of five hundred dollars.

Under the direction of the late Miss Shaw, who was a graduate of the Montreal General Hospital, the School for Graduate Nurses, McGill University, was organised in 1920. The school was under her guidance until her death in August, 1927, following which the members of the Alumnae of the School established this Fund in her memory.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

In accordance with the wish of the members of the Graduate Nurses Association of British Columbia at the annual meeting for 1930, held in Victoria, the sum of one thousand dollars was voted for a scholarship or scholarships, according to the judgment of the scholarships committee which, in this case, is the council of the association.

It was decided by them to offer two scholarships, each of the value of five hundred dollars, to Registered Nurses of British Columbia to pursue post-graduate study along professional lines in a Canadian University, or Bedford College, London; one of these to be for Public Health Nursing and the other for Teaching or Supervision and Administration in Schools of Nursing.

Post-graduate courses in outstanding Canadian hospitals, to be selected by the committee, may be taken in place of the university course.

Application forms are being sent to every Registered Nurse and should be returned to the committee before August 10th, 1930, that arrangements may be made for autumn courses at the universities.

SHORT TERM EXTENSION COURSE, ONTARIO

To the Private Duty Nurses of Ontario:

Following the decision of the Private Duty Nurses at their annual meeting in Toronto, in April, we are pleased to state that arrangements have been made with Mr. W. J. Dunlop, Director of University Extension, University of Toronto, to hold a summer course in Toronto from August 18th to August 23rd, inclusive.

Lectures, medical, surgical, obstetrical and cultural will be given each morning, while clinics and demonstrations will be arranged for the afternoons.

The committee feels that the course outlined will be not only interesting and instructive, but should prove to be a source of pleasure as well. Nurses are requested to please send their applications to Mr. W. J. Dunlop at the University before August 1st. The fee for the course is $5.00. Rooms at a nominal charge may be had in the University residences, and will be arranged for by Mr. Dunlop if so requested. There will be no examinations or certificates.

(Signed) ISABEL MACINTOSH,
Convener.

CORRESPONDENCE

Dear Editor:

At the annual meeting of the Registered Nurses' Association of Ontario, held in April, 1930, the question of "The possible violation of the Drugless Practitioners Act by members of the nursing profession" was brought to the attention of the members of the Legislation Committee. It has been intimated that certain members of the nursing profession who have not registered under this Act are occasionally giving massage and charging fees as a masseur. A recommendation was brought in that the nurses of Ontario be informed of the penalty clause contained in the regulations under the "Drugless Practitioners Act of 1925 of Ontario" through "The Canadian Nurse". The penalty clause is as follows:

"Every person who not being registered as a drugless practitioner under this Act or who having been so registered and whose registration has been cancelled or is under suspension who practises or holds himself out as practising as a drugless practitioner within the meaning of this Act, or who advertises or affixes any prefix to his name signifying that he is qualified to practise as a drugless practitioner within the meaning of this Act shall be guilty of an offense and shall incur a penalty not exceeding $100.00 and upon conviction for a subsequent offence within a period of two years after such first conviction shall be imprisoned for a period not exceeding three months."

Yours sincerely,
(Signed) MATILDA E. FITZGERALD,
Secretary-Treasurer,
Registered Nurses Association
of Ontario.

Editor,
"The Canadian Nurse,"
Dear Madam:

In view of the fact that so many nurses from outside points have lately come to Vancouver, the Graduate Nurses Association at their last meeting passed a motion to the effect that nurses be advised of the over supply at this point. Our hospitals graduate large classes and we feel that our first duty is to these and to the nurses already resident here. So in all fairness to the profession at large, we wish the nurses to understand that anyone coming to Vancouver at this stage takes the responsibility of long periods of unemployment.

Yours very truly,
(Signed) LILLIAN ARCHIBALD, R.N.,
Registrar,
Vancouver Graduate Nurses
Association.

BOOKS RECEIVED

Essentials of Pediatric Nursing, by Ruth Pickins, R.N. Published by MacMillan Company, Toronto. Illustrated, $2.75.

Gynaecology for Nurses, by George Gillhorn, M.D., F.A.C.S. Published by McAinsh & Co., Ltd., Toronto. Illustrated, Price $2.00.

Obstetrics for Nurses, by Joseph B. DeLee, M.D., 9th edition, revised and reset—Illustrated. Published by McAinsh & Co., Ltd., Toronto. Price $3.00.

Bacteriology for Nurses, by Miss Jean Broadhurst, Ph.D. and Miss Leila I. Girven, R.N., M.S. Published by J. B. P. Lippencott Company, 201 Unity Building, Montreal. Price $3.50.

Elimination of Rickets

In a paper on "The Elimination of Rickets in Ontario," by Dr. Frederick F. Tisdall, of Toronto, published in The Canadian Medical Association Journal for September, 1929, Dr. Tisdall announces that rickets can be eliminated in the province of Ontario by the following means, which antirachitic measures should be instituted with infants as young as three or four weeks of age:

1. Exposure of infants to sunshine and skylight. In the winter and spring months it is possible to expose only the face and hands, but in the summer months practically the whole body should be exposed.

2. The daily administration of three to four teaspoonfuls of a biologically tested cod liver oil. (Tested for Vitamin D content.) This is most important during the winter and spring months when it is frequently impossible to expose the infants outside for any length of time. It may be omitted during the heat of the summer when the infant is being exposed to sunshine and skyshine.

3. The use of special ultra-violet transmitting glasses. These glasses are of undoubted value under controlled conditions during the late winter and spring months when the antirachitic effect of sunshine and skyshine is very great and yet it is impossible to expose patients outside on account of the inclement weather. It is possible that in the late fall and early winter months, when the antirachitic effect of sunshine and skyshine is very low, an antirachitic effect of value may still be produced if sufficient of the infant's body is exposed to rays through these glasses.

4. The daily administration of activated ergosterol. Suitable doses of this substance dissolved in vegetable oil will soon be available to the medical profession. The pure substance has a simply tremendous antirachitic effect, but if given in large doses (50,000 to 100,000 times the minimal dose) it produces harmful effects.

5. The use of irradiated food. The medical profession is cautioned that the antirachitic effect of some of these irradiated foods may be very slight, and before relying on them as a means for the prevention of rickets an authoritative statement should be obtained as to their actual antirachitic value.

6. The use of the mercury quartz and carbon arc lamp. These lamps should be regarded simply as useful adjuncts to the other methods at our disposal. With certain severe cases of rickets which respond slowly to other methods of treatment these lamps are most valuable.

News Notes

ALBERTA

General Hospital, Calgary: The twenty-second annual graduating exercises took place in First Baptist Church on May 1st. The diplomas and medals were presented by Dr. Gow, Medical Superintendent, Calgary General Hospital, and Miss MacDonald, Superintendent of Nurses. The address to the class was given by Dr. George Johnson. Thirty-seven graduates, the largest class ever graduated from this school, received diplomas.

BRITISH COLUMBIA

General Hospital, Vancouver: At the recent graduating exercises prizes and medals were awarded to winners of the 1930 class. The R. E. McKechnie medal for general proficiency was won by Miss Grace J. Wright; Glen Campbell prize for nursing diseases of the eye, Miss Emily M. Gillies; Seldon medal for highest standing in surgical nursing, Miss Kathleen D. Patterson; Allison Cumming medal for medical nursing, Miss Ruth H. Jones; Carder prize for general proficiency in pediatric nursing, Miss Agnes Hobden; scholarship awarded for post-graduate experience in gynaecological or obstetrical nursing, donated by a physician in memory of his parents, Miss Helen C. Wallace; George H. Cottrell prize for highest proficiency in practice and theory of dietetics, Miss Joyce G. Docker; W. A. Dobson prize for highest standing in mental hygiene nursing, Miss Ethel V. Wintemute; general superintendent's prize for executive and administrative ability, Miss Florence Webster.

Miss Ruth Franklin, until recently charge nurse on S. and T. was awarded the Harry J. Crowe Memorial Scholarship for B.C. for post-graduate study in a Canadian University for this year.

MANITOBA

Brandon: On May 6th the Graduate Nurses Association held their final meeting of the year at the Cecil Hotel. The meeting took the form of a dinner in honour of the graduating class of the Brandon General Hospital. A toast to The King was proposed by Miss Gemmell, and to the Graduating Class by Mrs. Pierce, replied to by Miss Miss Coxson. A most interesting address was given by Mrs. Wright of the Brandon College, her subject being "The Beauty of Life as applied to Nursing". Miss O'Donnell contributed several musical numbers to the programme, and the evening was brought to a close with a few business details, including the appointment of the new executive for the coming year.

St. Boniface Hospital: Miss Eunice Ebert (1928), staff nurse in Dauphin Hospital for the past year, is holidaying in Winnipeg.

The Alumnae held a successful bridge party in the Amicus Club-rooms, Miss B. Malley, convener. During supper the guests were entertained with piano solos by Miss Marie Boiteau and tap dancing by Miss Mildred Crawshaw.

Miss A. Trudell (1925), of the Glen Lake Sanatorium staff, Minneapolis, is renewing acquaintances in Winnipeg.

The sympathy of the Alumnae is extended to their treasurer, Miss B. Stanton, in the loss of her mother; also to Miss I. Downing in the loss of her brother.

Miss T. Traegar (1929) has accepted a position as matron of Carman Hospital, at Carman, Manitoba.

NEW BRUNSWICK

Children's Memorial Hospital, St. Stephen: The annual Alumnae dinner in honour of the 1930 Class was held in the McColl Vestry. Covers were laid for forty guests. The colour scheme was the Children's Memorial Hospital class colours—gold and blue. Miss Helen Dunlop gave a vote of thanks on behalf of the graduating class. This was responded to by Miss Florence Cunningham, Instructor of the School.

Chipman Memorial Hospital, St. Stephen: The graduating exercises were held in Young Memorial School Assembly Hall on May 2nd. Mr. J. L. Haley was chairman. The class numbered twelve. Dr. Herbert Everett addressed the graduates. Mr. James Vroom presented the diplomas. Miss Moffat, Superintendent, presented the pins and Mayor Cockburn the prizes: Miss Bessie Folster, for highest class average; Miss Ada Knowlton, first Richardson prize of $30.00; Miss Elizabeth Justason, second Richardson prize of $20.00; Miss Lena Kane, Miss Mildred Brownrigg and Miss Sadie Forbes, members of the Junior Class, tied for highest average in the entire school. They each were given a prize.

Dr. H. J. Taylor, who was unable to be present to address the class, showed his keen interest by sending a handsome copy of "Eminent Victorians", by Lytton Strachey, to each member of the class; also to Miss Moffat, Superintendent, and to Mr. James Vroom.

Following the exercises the graduates and their friends and relatives enjoyed a dance with the Board of Directors as hosts. About 175 guests were present, many being out-of-town guests.

Miss Gertrude Hughes (C.M.H.), who has been on the staff at Laurentian Sanatorium, St. Agathe, Que., is having a month's vacation. Miss Maida Baskin has returned from Cleveland, Ohio, and is engaged in private duty work in St. Stephen.

NOVA SCOTIA

Halifax: Miss Janet A. Campbell, who recently resigned from the Provincial Department of Public Health as county health nurse, has accepted a position on the recently organised Department of Mothers' Allowance Division of Child Welfare Department for Nova Scotia.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario, in June, 1930, were 1,198. Ten less than in May, 1930.

Appointments

Miss Dorothy McKellar (Hamilton General Hospital, 1928), to the operating room staff, Hamilton General Hospital. Miss Elva Rowe (Hamilton General Hospital, 1929), and Miss Olive Wood (Hamilton General Hospital, 1929), general duty at Medical Centre, New York. Miss Ann Jack, Miss Audrey Learmonth and Miss Winnie Davis (Hamilton General Hospital, 1929), general duty at Rockefeller Hospital, New York. Miss Edna Andrews (Hamilton General Hospital, 1927), private duty in the Kroehler Clinic, Rochester, Minn.

Miss Bailey (Hospital for Sick Children, Toronto, 1929), has finished her post-graduate course in Montreal General Hospital and has joined the operating room staff of the Hospital for Sick Children. Miss Lena White (Hospital for Sick Children, 1930), charting-nurse on the infections ward. Miss Lorraine Morrison (Hospital for Sick Children, 1924), superintendent of I.O.D.E. Preventorium, Toronto. Miss Isabel Meagher (St. Michael's Hospital, Toronto, 1926), advisory nurse with the Metropolitan Life Insurance Company in Toronto. Miss Anna Williams (Toronto Western Hospital, 1922), has signed a three-year contract with the Imperial Oil Company, Talara, Peru, South America, doing hospital duty. Duties to commence June 1st, 1930. Miss Thelma Laing (Toronto Western Hospital, 1924), to the Metropolitan Life Insurance Company in Edmonton.

Miss Ida L. Blair (St. Andrew's Hospital, Midland, Ont., 1928), of Orillia, after completing a post-graduate course in Toronto General Hospital, has been appointed assistant superintendent of St. Andrew's Hospital. Miss Vivian F. Lamb (1927) has been appointed night supervisor of St. Andrew's Hospital.

District 2

The Galt Hospital: Some much needed equipment for the Galt Hospital and training school has been secured this year from local organisations, which are interested in the work of the hospital and training school.

The Galt Collegiate Staff Players Club, from the proceeds of their play, which they put on during the winter, secured the following equipment: an electric instrument sterilizer for the Obstetrical Floor; modern up-to-date Gatch beds for the Children's Ward; a lantern for opaque objects and slides for the class room.

The Women's Hospital Aid secured new bed-side tables and a set of baby scales for the Children's Ward. As for the class room, they practically re-furnished it, donating a new blackboard, 18 desk-chairs, a model of an arm and a leg showing the muscular development, a model of an eye and an ear, which demonstrates the anatomy of these parts, a dissected skull and a model of the human torso.

The Women's Hospital Aid held their regular meeting in the McCulloch Residence after which refreshments were served and an inspection made of the new class room equipment.

General Hospital, Guelph: The Alumnae entertained the members of the 1930 graduating class at dinner in Wyndham Inn on the evening of May 9th. The guests, numbering about fifty, were received by Miss Bliss, Superintendent of the Hospital, and Miss Ferguson, President of the Alumnae Association. After the usual toasts, the names of the prize-winning nurses were announced. A novel feature of the evening was a roll-call which was answered by graduates of the training school from the year 1893 till the present. Dancing and a social time brought another of these pleasant annual dinners to a close.

Victoria Hospital, London: The Alumnae entertained the 1930 graduating class to dinner, bridge and social evening on Monday, April 28th. The dinner was held at the DeLuxe Cafe, where one long table seated the thirty-five Alumnae and forty-nine new graduates. Spring flowers and streamers in purple and gold, the school colours, made a very bright and attractive table. Each graduating class found at her place purple and gold favours in the form of crackers.

Miss Ella Haldane proposed the toast to The King; Miss Mary Jacobs, Superintendent of Ontario Hospital, and also the oldest practising graduate from Victoria, proposed the toast to the Alma Mater. Miss Nora MacPherson, Superintendent of Nurses, Victoria Hospital, and guest of honour, replied to Miss Jacobs' toast. Miss Emma Reycraft gave the toast to the graduating class and Miss Ellen Ponting, of the graduating class, replied.

Miss Della Foster, president of the Alumnae, then gave a short address to the new members in which she welcomed them to the Association. Again this year, Colonel Gartshore presented each new graduate with her initial fee to the Association.

After the dinner there was bridge and many interesting games furnished by the committee. Each game had its own prize—some novelty wrapped in purple and gold. Altogether, the evening was a very successful one, and the Alumnae are indebted to the committee consisting of Mrs. Hedley Smither, convener; and Miss Myra Hennigar, Miss Rubie Nicholls and Mrs. Thomas Sanderson.

District 4

General Hospital, Hamilton: The annual Alumnae dinner in honour of the graduating class of 1930 was held on Friday evening, May 30th, at the Royal Connaught Hotel. Mr. F. I. Treleaven spoke to the graduating class on the Mutual Benefit Association and the benefits to be derived from membership in it. Mr. C. W. Bell, K.C., was the principal speaker of the evening and all those present listened with interest to his address and splendid advice. Miss Rayside announced the winners of scholarships and prizes which were to be presented at the graduating exercises on June 3rd.

Miss Margerite Hopper (1926), of Sudbury; Miss E. Hazelwood (1923), of London; and Miss J. Souter (1921), of Hamilton, spent Easter week in Washington and New York.

Miss Gladys Preston (1928), has returned to the city and is doing private duty.

Miss Mary Ward (1929), is taking a post graduate course at the Hospital for Sick Children, Toronto.

DISTRICT 5

ST. JOHN'S HOSPITAL, TORONTO: Adhering to the religious idea in their graduation, ten nurses, comprising the class for 1930 received their diplomas in the chapel of the hospital. Professor H. C. S. Morris, of Trinity College, making the presentations, prizes were presented at the garden party on the hospital lawn immediately afterward. Dr. Crawford Scadding acted as chairman in the absence of Hon. Justice Orde, chairman of the Board. Prizes were awarded to Miss Annie Heatherington for general proficiency; Miss Evelyn Roberts, the prize given by Dr. R. V. P. Sheir, for operating room technique; and Miss Nora Ford the prize given by Miss Gladys Hiscocks for bedside nursing. In the intermediate year, Miss Eleanor Ham, of Bath, won the Morgan prize for bedside nursing.

WESTERN HOSPITAL, TORONTO: At the meeting of the Alumnae Association, interesting reports of the R.N.A.O. were read by Miss R. Beamish, the President, and Miss Doris Graham (1929). After business transactions were disposed of, the balance of the evening was spent in a social hour.

On May 19th, members of the Alumnae enjoyed a dinner at the Royal York Hotel, when the guests of honour were the members of the graduating class of 1930. Toasts and speeches were given by members of the different classes. A roll-call of those present in each year was very interesting, and a particularly witty valedictory from the graduating class was read by Miss Beulah Scott, 1930. Music and some amusing "training school songs" added mirth to the evening. There were one hundred and five members present. The toast to absent members was fittingly replied to by a letter from Miss Lulu Sargent (1928), Michigan Children's Hospital, Detroit.

A number of social functions were held in honour of Miss Esther Cunningham (1919), before her departure for Dryden, Ontario. She was the recipient of a number of gifts, including a set of silver toilet articles from the staff nurses and 1930 graduates, and a pair of travelling bags from the staff doctors.

DISTRICT 8

In response to an invitation from the nurses of Cornwall the spring meeting of District No. 8 was held in that town on May 17th. A large number of nurses from Ottawa and vicinity were present, and the day throughout proved one of great interest and enjoyment.

The morning session was prefaced by addresses of welcome from Mr. F. B. Brownridge, President of the Board of Governors of the Cornwall General Hospital, and Dr. A. Ross Alguire, President of the Medical Staff of the Cornwall General Hospital. During the morning, reports of the R.N.A.O. meeting in Toronto were read.

Following the business session, a delightful luncheon was held at the Hotel Cornwallis, at which the speaker was Mr. Shaver, of Aultsville. Mr. Shaver's subject was "The Historical Significance of the Counties of Stormont, Dundas and Glengarry". In the course of his remarks Mr. Shaver told many interesting anecdotes of pioneer days in that section of the province, and gave in addition brief sketches of the lives of a number of outstanding people who had been born in the neighbourhood of Cornwall.

At the afternoon session Dr. A. Crewson, ear, eye, nose and throat specialist, gave a timely address on "The Common Cold". He was followed by Miss Marion Lindeburg, Assistant Director, the School for Graduate Nurses, McGill University, whose paper "The Advantages of University Courses for Graduate Nurses" was most thoughtful and contained a wealth of interesting material.

The afternoon was brought to a close by a tour of the hospital and nurses' residence. The teaching unit in the latter called forth many expressions of admiration on the part of the visiting nurses.

The members of District No. 8 from Ottawa and the vicinity feel they owe a debt of gratitude to Miss Whiting, the Superintendent of Nurses of the Cornwall General Hospital, to Miss Gertrude Gibson, the Instructor, and to the Board of Governors of the Cornwall General Hospital for making possible a day so filled to the brim with pleasurable interest.

The recently organised Public Health Group of District 8 held its final meeting for the season on May 12th. Following supper at the McKellar Golf Club, Miss Dell MacGregor, District Superintendent of the Ottawa Branch of the Victorian Order of Nurses, gave an interesting resume of the R.N.A.O. Annual Meeting and the Canadian Conference on Social Work. Later in the evening bridge was played.

At the May meeting of the Private Duty Section of District 8, the speaker of the evening was Miss Elizabeth Smellie, Chief Superintendent, Victorian Order of Nurses for Canada.

Miss Alice Ahern, Chairman of District 8 sailed for Europe on May 29th. Miss Ahern expects to be absent about six weeks.

GENERAL HOSPITAL, OTTAWA: A most enjoyable banquet was held on the evening of Hospital Day, May 12th, in the drawing room of the Nurses Home of the Ottawa General Hospital, in honour of the graduating class of 1930. This occasion was also an eventful night for the members of the intermediate class who were then proclaimed seniors. The tables were artistically decorated with the school colours arranged in horseshoe fashion. Over the centre of the table was suspended a dainty Japanese umbrella containing a will and prophecy for each graduate nurse which proved to be a great source of amusement. The evening began with an address of good wishes by the Chaplain, Rev. Father Beausoleil, followed by a visit from Reverend Mother Superior. Miss Norah Kearney then proposed a toast in French, while the toast in English was proposed by Miss Latulippe. Votes of thanks were read to Rev. Sr. Flavie Domitille and her assistant, Rev. Sr. Madeleine de Jesus for their kindly supervision and untiring interest in the welfare of the pupil nurses. The remainder of the evening was enjoyably spent in games, fortune telling and dancing.

PRINCE EDWARD ISLAND

Prince Edward Island Hospital, Charlottetown: The annual meeting of the Graduate Nurses Association was held in the Nurses Home, Prince Edward Island Hospital, on June 2nd. Miss King, the retiring President, in her opening remarks, spoke of the lack of interest in, and small attendance at the quarterly meetings and asked that each member try to keep these meetings on the slate in future. She also paid a very fitting tribute to the late Dr. S. B. Jenkins, in honour of whose memory she asked the meeting to stand for two minutes' silence.

The officers for the coming year are: Honorary President, Miss King; President, Miss Mona Wilson; Vice-President, Miss B. M. Tweedy; Secretary-Treasurer, Miss Anna Mair. After the usual business and discussion, the members were served luncheon at the Milton Bell Tea Rooms.

The Graduating Exercises were held May 12th in the St. Paul's Parish Hall. A large number was present and an excellent programme carried out. The seven nurses of the Class were on the platform with the Lady Superintendent and other members of the staff. The diplomas were presented by Lieutenant-Governor Heartz and the address to the class was given by Dr. Ira I. Yeo. After the exercises, a reception was held at the Nurses Home for the members of the Class and their friends.

The 1930 Class were guests of honour at a luncheon given by the Graduate Nurses at the Milton Bell Tea Room on May 16th.

QUEBEC

The Montreal General Hospital: Miss Edna Church and Miss Marion Wallace have joined the staff of the Victorian Order of Nurses. Miss Helen Arnoldi, who has been on the staff for five years, has resigned to take an indefinite rest. Miss Josey (1928) leaves shortly for Labrador to take up work in a hospital there. Miss Taylor, one of the night assistants, has gone for a month's holiday and has been replaced by Miss McCarrocher. Mrs. Keep (Gertrude Jackson), Brookline, Mass., and Mrs. McLeod (Miss Smellie), Brocton, Mass., were in town to attend the Annual Dinner. Dr. and Mrs. Basil McLean (C. Davis) left by motor for their new home in New Orleans, U.S.A.

The sympathy of the Association is extended to Miss Maud Welch on the death of her brother, and to Miss Nellie Stewart on the death of her mother.

On the evening of May 14th, Miss Webster was the recipient of a large birthday cake, as well as many congratulations, it being the 30th anniversary of her services as night superintendent of The Montreal General Hospital.

The annual dinner given by the Alumnae Association to the graduating class was held at the Ritz Carlton Hotel on May 28th. The guest of honour was Dr. Helen MacMurchy of Ottawa. Miss Holt, President, gave a short address, after which Miss Barrett proposed a toast to the graduating class; Miss Baker (1930), responded. Dr. Helen McMurchy then gave a most interesting and amusing address, which was greatly enjoyed by all. Before singing Auld Lang Syne, Miss Holt announced the names of those who were to receive prizes at the Graduating Exercises the following day. These were: general proficiency, Miss M. I. McLeod, Miss Randall; highest marks in medicine and surgery, Miss Snow; highest aggregate, Miss Manley; special prize to Miss Moses for courage and presence of mind in averting a serious accident while on duty.

SASKATCHEWAN

City Hospital, Saskatoon: The May meeting of the Alumnae Association was held at the home of Miss Ethel Grant. Final arrangements were made for the banquet in honour of the graduating class, which was held on May 29th in the Algerian Room. Sixty-three graduates were present, including the twenty members of the graduating class. The toast to "The King" was proposed by Mrs. W. J. Pulley; The Training School, by Mrs. Hartney, responded to by Miss Watson, and the Graduating Class by Mrs. Pendleton, responded to by Miss Branland. Each member of the graduating class received as a favour a thermometer in a case.

Miss Greta Munro and Miss Hattie Gruhlki have been appointed delegates to the C.N.A. Biennial Meeting in Regina.

The pupil nurses from St. Paul's and the City Hospital and the Graduate Nurses Association attended the Florence Nightingale Service, held at Third Avenue Church on May 11th. At the close of the service the Florence Nightingale Pledge was repeated.

Miss Edith Hopkins has resigned as night supervisor at the City Hospital.

Miss Margaret Robb has returned to Rochester where she has accepted a position in St. Mary's Hospital.

Mrs. Albert Hall (Florence Bradley, 1915), has accepted a position as night supervisor in the Drumheller Hospital.

Miss Annie McFadyen has accepted a position in the Cut Knife Hospital.

The sympathy of the Alumnae is extended to Miss S. A. Campbell on the death of her brother, and to Miss G. M. Watson on the death of her little nephew.

The Alumnae is sorry to hear of the illness of Miss Mae Hagerman, and wish her a speedy recovery.

Mrs Dalzell (Muriel Domouchel, 1928), has returned home after a short illness at the City Hospital.

St. Paul's Hospital: Graduating exercises were held for the Class of 1930 at Convocation Hall, May 5th. The class consisted of 45 nurses. Dr. A. Croll was chairman for the occasion. His Worship Mayor J. W. Hair gave an address to the class, and the Rev. W. B. Markle presented the pins and diplomas. A pleasant musical programme was enjoyed during the evening. Special mention was made of Miss Laura Attrux, Hafford, Sask., for general proficiency and high standing, and also of Miss Dwyer, Miss Neal, Miss Hedlund and Miss Renfrew. The Hospital Alumnae entertained the class at a banquet in the Algerian Room later.

C.A.M.C.N.S.

Montreal: The Nursing Sisters of No. 3 Canadian General Hospital (McGill) were entertained by their former O.C., Brigadier-General Birkett, at dinner at the University Club, Montreal, on May 6th, the fifteenth anniversary of the unit's sailing for France.

After a most enjoyable dinner the following toasts were given: The King, Miss MacDermot; Absent Friends, Miss Handcock; Silent Toast, Miss Sampson; Our Host, Miss Cotton. At the close of Miss Cotton's speech, Miss Enright presented General Birkett with a framed etching, tied with McGill colours, the gift of the Nursing Sisters.

The General responded in his usual happy way, and a pleasant hour was spent renewing old friendships and talking over old times.

Winnipeg: Miss A. J. Hartley (Matron-in-Chief, Federal Department of Pensions and Health), spent two days in Winnipeg a short time ago en route west to the Coast.

Miss Inga Johnston has been visiting Miss M. Cummings in New York.

Miss Eve Morkill, who has been nursing in Pasadena for the past year is leaving shortly to spend a year on the continent.

Miss G. Comartin returned to the city a short time ago from California, where she has been nursing for the past two years.

Miss E. M. Best, Superintendent, American Hospital, Mexico City, is visiting friends and relatives in Walhalla, N.D., and in Winnipeg.

Miss Emily Parker of the Public Health staff is conducting a party abroad, leaving the end of June. One of the members of her party is Miss S. J. Roberts, Deer Lodge Hospital staff.

The many friends of Mrs. B. W. Lawrie (nee Phyllis Peyton), who is a patient in Deer Lodge Hospital, will be glad to hear that she is improving.

Mrs. J. F. Morrison (nee Clara Hood) represented the local Nursing Sisters' Club at the All-Canada Nursing Sisters' meeting held at Regina, June 26th, 1930.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BIGELOW—On April 18th, 1930, at Utica, N.Y., to Dr. and Mrs. J. T. Bigelow (Alberta Turville, Victoria Hospital, London, 1929), a daughter.

CHRISTIANSON—On June 8th, 1930, at Montreal, to Mr. and Mrs. Christianson (A. LeBlanc, Montreal General Hospital), a daughter.

CORNELL—On April 27th, 1930, at Melfort, to Mr. and Mrs. H. Cornell (Lillian Wilson, Saskatoon City Hospital, 1926), a daughter, Lou Elaine.

DES BRISAY—On May 25th, 1930, at Vancouver, to Mr. and Mrs. Gordon Des Brisay (Agnes Gibson, Vernon Jubilee Hospital, 1927), a son, Ian Gordon.

HANSEN—Recently at Allahabad, India, to Mr. and Mrs. Wilmer J. Hansen (Anne Platfard, St. Boniface Hospital, 1927), a daughter.

MILLET—On May 8th, 1930, at Saskatoon, to Mr. and Mrs. Millet (Violette Armstrong (Saskatoon City Hospital, 1927), a daughter, Grace Violetta.

ROSS—On May 21st, 1930, at Victoria, to Mr. and Mrs. Sime Ross (Nina Waldron, Vancouver General Hospital, 1925), a son.

SWENY—On June 1st, 1930, at Vancouver, to Mr. and Mrs. Sweny (Dorothy Pickering, Vancouver General Hospital, 1925), a son.

WARD—On May 10th, 1930, at Seattle, Wash., to Mr. and Mrs. William Ward (Bertha Dawsett, Saskatoon City Hospital, 1926), a daughter, Beverley Ruth.

WIMAN—In May, at Brookline, Mass., to Dr. and Mrs. E. T. Wiman (Catharine McKenzie, Montreal General Hospital), a son.

MARRIAGES

ALBERS — WHITESIDE — On June 4th, 1930, at Victoria, Eunice Whiteside (Royal Jubilee Hospital, 1927) to George H. Albers, Port Angeles.

ANDERSON—EAMES — On May 26th, 1930, at Brantford, Erla Eames (Hamilton General Hospital, 1927) to Ross Anderson.

BROWNLEE—ECCLESTONE — On May 24th, 1930, at Hamilton, Jane Ecclestone (Hamilton General Hospital, 1925) to James Brownlee.

CLARKE—CHAPPLE — On May 22nd, 1930, at Hamilton, Audrey May Chapple (Hamilton General Hospital, 1926), to James L. Clarke, of Toronto.

CURRY—MORRISON—On June 4th, 1930, at Victoria, Marjorie Morrison (Royal Jubilee Hospital, 1929) to Harry J. M. Curry, of Victoria, B.C.

DICKSON—O'MEARA—On June 4th, 1930, Nora Mary O'Meara (St. Boniface Hospital) to James P. Dickson, Fort William.

GHORMLEY—SETON—In June, at Waterloo, Ont., Katherine Seton (Victoria Hospital, London) to Dr. V. G. Ghormley, of Barton, Ohio.

LAWFORD—MACDONALD — On May 15th, 1930, at Brandon, Man., Helen Marjorie MacDonald (Royal Victoria Hospital, Montreal, 1920) to Allan Lawford.

McLEAN—DAVIS—On May 14th, 1930, at Montreal, Caroline Davis (Montreal General Hospital) to Dr. Basil McLean, former Assistant Medical Superintendent, Montreal General Hospital.

SMITH — GREGORY-ALLEN — On June 3rd, 1930, at Victoria, Lenora Gregory-Allen, New York Hospital (formerly with the C.A.M.C.N.S.) to A. Brock Smith, of Cranbrook, B.C.

THOMSON—ROBSTON — Recently, in Vancouver, Cappy Robston (Vancouver General Hospital) to William D. Thomson.

WINTER—FOGGO — Recently, in Vancouver, Morna Foggo (Vancouver General Hospital) to Eric Winter, of Trail, B.C.

WANTED — To communicate with young graduate (or senior pupil) nurse, who has had undergraduate University courses in physics, chemistry and physiology. Apply to the Secretary, Department of Public Health Nursing, University of Toronto, Toronto.

Freedom from Hay Fever at Murray Bay

The above is the title of a pamphlet dealing with the Murray Bay country, situated on the Lower St. Lawrence, in the Province of Quebec. It explains why hay fever sufferers find immunity at this haven of restful beauty.

Copies may be obtained on request from

CANADIAN STEAMSHIP LINES

715 Victoria Square, Montreal, Que.

The University of Western Ontario Faculty of Public Health

LONDON, CANADA

Standard professional courses of nine months each for graduate nurses, leading to the certificates of:

Certificate of Instructor in Schools of Nursing (C.I.N.)
Certificate of Public Health Nurse (C.P.H.N.)
Certificate of Hospital Administrator (C.H.A.)

These also constitute the final year options in the B.Sc. (in nursing) course in the University of Western Ontario.

Important scholarships are available.

All graduates have been placed.

Registration closes 22nd September, 1930.

For further information, apply to—
Director, Division of Study for Graduate Nurses.

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions $2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing $4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary ... Miss Christiane Reimann, Headquarters: 14 Quai des Eaux-Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

Officers

Honorary President............Miss M. A. Snively, 50 Maitland Street, Toronto, Ont.
President................Miss M. F. Hersey, Royal Victoria Hospital, Montreal, P.Q.
First Vice-President.......
Second Vice-President.......Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary............Miss E. Hurley, University of Montreal, Montreal, P.Q.
Honorary Treasurer..................Miss R. Simpson, Dept. of Health, Regina, Sask.

COUNCILLORS

Alberta: 1 Miss Eleanor McPhedran, Central Alberta Sanatorium, Calgary; 2 Miss Edna Auger, General Hospital, Medicine Hat; 3 Miss B. A. Emerson, 604 Civic Block, Edmonton.

British Columbia: 1 Mis M. P. Campbell, 118 Vancouver Block, Vancouver; 2 Miss M. F. Gray, Dept. of Nursing, University of British Columbia; 3 Miss E. Breeze, 4662 Angus Ave., Vancouver; 4 Miss O. V. Cotsworth, 1135 12th Ave. W., Vancouver.

Manitoba: 1 Mrs. J. F. Morrison, 184 Brock St., Winnipeg; 2 Miss Jessie Grant, General Hospital, Winnipeg; 3 Miss Isabell McDiarmid, 363 Langside St., Winnipeg; 4 Mrs. Doyle, Ste. 25 Machray Apts., Winnipeg.

New Brunswick: 1 Miss A. J. MacMaster, City Hospital, Moncton; 2 Miss Margaret Murdoch, General Public Hospital, St. John; 3 Miss H. S. Dykeman, Health Centre, 134 Sidney St., St. John; 4 Miss Myrtle Kay, 21 Austin St., Moncton.

Nova Scotia: 1 Miss Catherine M. Graham, 17 North St., Halifax; 2 Miss Ina May Jones, Victoria General Hospital, Halifax, N.S.; 3 Miss Marjorie Trefry, Dalhousie Public Health Clinic, Halifax; 4 Miss Moya MacDonald, 111 South Park St., Halifax.

Ontario: 1 Miss E. Muriel McKee, General Hospital, Brantford; 2 Miss Edith Rayside, General Hospital, Hamilton; 3 Miss Ethel Cryderman, Jackson Bldg., Ottawa; 4 Miss Isabel MacIntosh, 353 Bay St. S., Hamilton.

Prince Edward Island: 1 Mrs. Arthur Allen, Summerside; 2 Sister Ste. Faustina, Charlottetown Hospital, Charlottetown; 3 Miss Mona Wilson, Red Cross Headquarters, 59 Grafton Street, Charlottetown; 4 Miss Millie Gamble, 51 Ambrose Street, Charlottetown.

Quebec: 1 Miss M. K. Holt, Montreal General Hospital, Montreal; 2 Miss E. Sharpe, Royal Victoria Hospital, Montreal; 3 Miss Isabel Manson, V.O.N., Bishop Street, Montreal; 4 Miss Christina Watling, 1480 Chomedy St., Montreal.

Saskatchewan: 1 Miss R. M. Simpson, Dept. of Public Health, Parliament Buildings, Regina; 2 Sister Raphael, Providence Hospital, Moose Jaw; 3 Miss Elisabeth Smith, Normal School, Moose Jaw; 4 Miss C. M. Munro, Coronation Court, Saskatoon.

ADDITIONAL MEMBERS TO EXECUTIVE
(Chairmen National Sections)

Nursing Education: Miss J. E. Grant, Winnipeg General Hospital, Winnipeg, Man.; **Public Health**: Miss E. L. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa; **Private Duty**: Miss Agnes Jamieson, 1230 Bishop St., Montreal, P.Q.

Executive Secretary..Miss Jean S. Wilson

National Office, 511, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section.

NURSING EDUCATION SECTION

Vice-Chairman: Miss J. E. Grant, Winnipeg General Hospital, Winnipeg, Man.; **Treasurer**: Miss F. L. Reed, 511 Boyd Bldg., Winnipeg, Man. **Secretary**: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

Councillors.—Alberta: Miss Edna Auger, General Hospital, Medicine Hat. **British Columbia**: Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba**: Miss J. E. Grant, Winnipeg General Hospital, Winnipeg. **New Brunswick**: Miss Margaret Murdoch, General Public Hospital, St. John. **Nova Scotia**: Miss Ina May Jones, Victoria General Hospital, Halifax. **Ontario**: Miss Edith Rayside, General Hospital, Hamilton. **Prince Edward Island**: Sister Ste. Faustina, Charlottetown Hospital, Charlottetown. **Quebec**: Miss Ethel Sharpe, Royal Victoria Hospital, Montreal. **Saskatchewan**: Sister Raphael, Providence Hospital, Moose Jaw.

Convener of Publications: Miss C. Macleod, General Hospital, Brandon, Man.

PRIVATE DUTY SECTION

Chairman: Miss Agnes Jamieson, 1230 Bishop St., Montreal, P.Q. **Vice-Chairman**: Miss Clara Brown, 16 Chicora St., Toronto, Ont. **Secretary-Treasurer**: Miss Frances Sutherland, 5971 Sherbrooke St West, Montreal, P.Q.

Councillors.—Alberta:
British Columbia: Miss O. V. Cotsworth, 1135 12th Avenue W., Vancouver, B.C. **Manitoba**: Mrs. Doyle, Ste. 25 Machray Apts., Winnipeg, Man. **New Brunswick**: Miss Myrtle E. Kay, 21 Austin St., Moncton, N.B. **Nova Scotia**: Miss Moya MacDonald, 111 South Park St., Halifax, N.S. **Ontario**: Miss Isabel MacIntosh, 353 Bay St., S. Hamilton, Ont. **Prince Edward Island**: Miss M. R. Gamble, 51 Ambrose St., Charlottetown, P.E.I. **Quebec**: Miss C. M. Watling, 1230 Bishop St., Montreal, Que. **Saskatchewan**: Miss C. M. Munro, Coronation Court, Saskatoon, Sask.

Convener of Publications: Miss T. O'Rourke, 16 Theodora Apts., 540 Maryland St., Winnipeg, Man.

PUBLIC HEALTH SECTION

Chairman: Miss E. L. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa; **Vice-Chairman**: Miss M. Wilkinson, 410 Sherbourne St., Toronto, Ont. **Secretary-Treasurer**: Miss Esther M. Beith, Child Welfare Association, Montreal, P.Q.

Councillors.—Alberta: Miss B. A. Emerson, 604 Civic Blk., Edmonton. **British Columbia**: Miss Elibabeth Breeze, 4662 Angus Ave., Vancouver. **Manitoba**: Miss Isabell McDiarmid, 363 Langside Street, Winnipeg, Man. **Nova Scotia**: Miss Marjorie Trefry, Dalhousie Public Health Clinic, Halifax, N.S. **New Brunswick**: Miss H. S. Dykeman, Health Centre, 134 Sidney St., St. John. **Ontario**: Miss E. Cryderman, Jackson Bldg., Ottawa. **Prince Edward Island**: Miss Mona Wilson, Red Cross Headquarters, 59 Grafton Street, Charlottetown. **Quebec**: Miss Isabel Manson, V.O.N., Bishop St., Montreal. **Saskatchewan**: Miss Elizabeth Smith, Normal School, Moose Jaw.

Convener of Publications: Miss Mary Millman, Department of Public Health, Toronto, Ont.

ALBERTA ASS'N OF REGISTERED NURSES

President, Miss Eleanor McPhedran, Central Alberta Sanatorium, near Calgary, Alta.; First Vice-President, Miss Ethel Fenwick, University Hospital, Edmonton, Alta.; Second Vice-President, Miss Sadie MacDonald, General Hospital, Calgary, Alta.; Registrar and Secretary-Treasurer, Miss Kate S. Brighty, Parliament Bldgs., Edmonton, Alta.; Nursing Education Committee, Miss Edna Auger, General Hospital, Medicine Hat, Alta.; Public Health Committee, Miss B A. Emerson, 604 Civic Block, Edmonton, Alta.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss M. P. Campbell, R.N., 118 Vancouver Block, Vancouver; Second Vice-President, Miss M. Mirfield, R.N., 1180 15th Ave., W., Vancouver; Registrar, Miss H. Randal, R.N., 118 Vancouver Block, Vancouver; Secretary, Miss M. Dutton, R.N., 118 Vancouver Block, Vancouver; Conveners of Committees: Nursing Education, Miss M. F. Gray, R.N., Dept. of Nursing and Health, University of B.C., Vancouver; Public Health, Miss E. Breeze, R.N., 4662 Angus Ave., Vancouver; Private Duty, Miss O. Cotsworth, R.N., 1135 12th Ave., W., Vancouver; Councillors, Misses L. Boggs, R.N., M. Ewart, R.N., M. Franks, R.N., L. McAllister, R.N., G. Fairley, R.N.

MANITOBA ASS'N OF REGISTERED NURSES

President, Mrs. J. F. Morrison, 184 Brock St., Winnipeg; First Vice-President, Miss J. Houston, Ninette Sanatorium; Second Vice-President, Miss C. Macleod, General Hospital, Brandon; Third Vice-President, Miss E. Robertson, Municipal Hospital, Winnipeg; Recording Secretary, Miss Norah O'-Shaughnessy, Provincial Health Department, Parliament Bldgs., Winnipeg; Corresponding Secretary, Miss Annie Beggs, 39-A Warton Lodge, Winnipeg; Treasurer, Miss LaPorte, Misercordia Hospital, Winnipeg; Convener of Sections, Nursing Education, Miss J. Grant, Winnipeg General Hospital; Public Health, Miss Isabel McDiarmid, 363 Langside St., Winnipeg; Private Duty, Mrs. Doyle, Ste. 25 Machray Apts., Winnipeg; Registrar, Miss A. E. Wells, Provincial Health Department, Parliament Bldgs., Winnipeg.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Miss Mabel McMullin, St. Stephen; Second Vice-President, Miss Florence Coleman, County Hospital, East Saint John; Hon. Secretary, Mrs. W. S. Jones, Albert, N.B.; Council Members: Saint John, Misses E. J. Mitchell, Margaret Murdoch, S. Brophy, H. S. Dykeman and Sister Camillus; St. Stephen, Miss Myrtle Dunbar; Fredericton, Miss G. M. Murray; Moncton, Misses Myrtle Kay and Roberta Gunn; Bathurst, Miss M. Edith Stewart; Woodstock, Miss Elsie Tulloch; Conveners of Sections: Nursing Education, Miss Margaret Murdoch, General Public Hospital, Saint John; Public Health, Miss H. S. Dykeman, Health Centre, Saint John; Private Duty, Miss Myrtle Kay, 21 Austin St., Moncton; "The Canadian Nurse," Miss Lyla Gregory, 68 Lancaster Ave., West Saint John; Constitution and By-Laws Committee, Miss Sarah E. Brophy, Fairville, N.B.; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte Street, West Saint John.

REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA

President, Miss C. M. Graham, Camp Hill Hospital, Halifax; First Vice-President, Miss A. E. Fenton, Dalhousie Health Clinic, Halifax; Second Vice-President, Miss Edna Hurst, Canso; Third Vice-President, Miss I. B. Andrews, City Hospital, Sydney; Recording Secretary, Miss L. G. Hall, 244 Gottingen St., Halifax; Treasurer and Asst. Secretary, Miss L. F. Fraser, Eastern Trust Bldg., Halifax.

REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss E. Muriel McKee, Brantford General Hospital, Brantford; First Vice-President, Miss Mary Millman, 309 City Hall, Toronto; Second Vice-President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Secretary-Treasurer, Miss Matilda Fitzgerald, Apt. 29, 917 St. Clair Ave. W., Toronto.

District No. 1: Chairman, Miss Nellie Gerard, 911 Victoria Ave., Windsor; Secretary-Treasurer, Mrs. J. Harrison Shanks, 339 North Russell St., Sarnia. District No. 2: Chairman, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Secretary-Treasurer, Miss Hilda Booth, Norfolk General Hospital, Simcoe. District No. 4: Chairman, Miss Edith Rayside, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Norman Barlow, 134 Catherine St., S., Hamilton. District No. 5: Chairman, Miss Ethel Greenwood, 36 Homewood Ave., Toronto; Secretary-Treasurer, Mrs. F. E. Atkinson, 326 Beech Ave., Toronto. District No. 6: Chairman, Miss Florence Fitzgerald, 90 Chatham St., Belleville; Secretary-Treasurer, Miss Florence McIndoo, General Hospital, Belleville. District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Marjorie Evans, 103 Gore St., Kingston. District No. 8: Chairman Miss Alice Ahern, Metropolitan Life Insurance Co., Ottawa; Secretary-Treasurer, Miss A. C. Tanner, Civic Hospital, Ottawa. District No. 9: Chairman, Miss Margaret Kennedy, Box 233 Sturgeon Falls; Secretary-Treasurer, Miss C. McLaren, Box 102, North Bay. District No. 10: Chairman, Miss Anne Boucher, 280 Park St., Port Arthur; Secretary-Treasurer, Miss Rona Wade, McKellar General Hospital, Fort William.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC (Incorporated 1920)

Advisory Board, Misses M. A. Samuel, L. C. Phillips, Mabel F. Hersey and Rev. Mother Mailloux; President, Miss Mabel K. Holt, Montreal General Hospital; Vice-President (English), Miss Margaret L. Moag, V.O.N., Montreal; Vice-President (French), Mdlle. Rita Guimont, Municipal Dept. of Health, Montreal; Hon. Recording Secretary, Miss Grace R. Martin, Royal Victoria Hospital, Montreal; Hon. Treasurer, Miss Olga V. Lilly, Royal Victoria Montreal Maternity Hospital; Other members, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Miss C. M. Ferguson, Alexandra Hospital, Montreal; Miss A. S. Kinder, Children's Memorial Hospital, Montreal; Rev. Soeur Robert, Hopital Notre Dame, Montreal; Mdlle. Anysie Deland, Institute Bruchesi, Montreal. Nursing Education Section (English), Miss Ethel Sharpe, Royal Victoria Hospital, Montreal; (French), Rev. Soeur Augustine, Hopital St. Jean-de-Dieu, Montreal; Private Duty Section (English), Miss C. M. Watling, 1230 Bishop Street, Montreal; (French), Mlle. Panet-Raymond, 652 Hartland Ave., Montreal; Public Health Section, Miss Isabel S. Manson, School for Graduate Nurses, McGill University, Montreal; Board of Examiners, Convener, Miss C. V. Barrett, R. V. H. M. M. H., Montreal; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Suite 221, 1396 St. Catherine Street West, Montreal.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1927)

President, Miss R. M. Simpson, Department of Public Health, Parliament Bldgs., Regina; First Vice-President, Miss Jean McKenzie, Junior Red Cross, Regina; Second Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Councillors, Sister O'Grady, Grey Nuns' Hospital, Regina, and Miss M. Montgomery, The Sanatorium, Prince Albert, Sask.; Conveners of Standing Committees, Public Health, Miss Elizabeth Smith, Normal School, Moose Jaw; Private Duty, Miss C. M. Munro, Coronation Court, Saskatoon; Nursing Education Section, Sister Raphael, Providence Hospital, Moose Jaw; Secretary-Treasurer, and Registrar, Miss E. E. Graham, Regina College, Regina.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stewart Brown; President, Miss J. B. von Gruenigan; First Vice-President, Miss MacLear; Second Vice-President, Miss Sherwood; Treasurer, Miss Ann McKee; Recording Secretary, Miss J. Lyndon; Corresponding Secretary, Miss A. Tarrant, 536 14th Ave. W.; Convener Private Duty Section, Miss Agnes Kelly; Registrar, Miss D. Mott, 110 18th Ave. W.

EDMONTON ASSOCIATION OF GRADUATE NURSES

President, Mrs. K. Manson; First Vice-President, Miss Welsh; Second Vice-President, Miss Blanche A. Emerson; Recording Secretary, Miss Davidson; Corresponding Secretary, Miss M. Staley, 9904 103rd St.; Treasurer, Miss S. C. Christensen, 11612 94th St.; Registrar, Miss A. Sproule; Programme Committee, Miss Ida Johnson; Sick Visiting Committee, Miss J. Chinnick.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Mrs. D. M. Smith; First Vice-President, Mrs. C. Anderson; Second Vice-President, Mrs. J. Tobin; Secretary, Miss M. E. Hagerman, City Court House, 1st St.; Treasurer, Miss Edna Auger; Convener of New Membership Committee, Miss M. Hart; Convener of Flower Committee, Miss M. Murray; Correspondent, "The Canadian Nurse", Miss F. Smith.

Regular Meeting—First Tuesday in month.

A.A., ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss F. Munroe; President, Miss I. Johnson; First Vice-President, Mrs. Godfrey; Second Vice-President, Miss G. McDiarmid; Recording Secretary, Miss V. Chapman; Corresponding Secretary, Miss M. Graham, Royal Alexandra Hospital; Treasurer, Miss E. English, Magee Block, Edmonton.

VANCOUVER GRADUATE NURSES ASSOCIATION

President, Miss M. Duffield, 3760 11th Ave. W.; First Vice-President, Miss E. Cameron; Second Vice-President, Miss O Cotsworth; Secretary, Mrs. J. A. Westman, 4697 Belmont Ave.; Treasurer, Miss L. Archibald; Councillors, Misses M. P. Campbell, M. Dutton, J. Matheson, M. McLane, L. A. Stocker; Conveners of Committees: Directory, Miss E. Frost; Social, Misses M. G. Laird and Flahiff; Programme, Misses F. Verchers, M. Kerr, M. Wisener; Sick Visiting, Miss McLennan, Miss Rogerson; Ways and Means, Mrs. M. Farrington, Misses O. Kitteringham and L. Brand; Creche, Local, Miss E. E. Lumsden. Representative to The Canadian Nurse, Miss M. Ewart; Representative to Local Council of Women, Mrs. Ramsay.

A.A., ST. PAUL'S HOSPITAL, VANCOUVER

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Annable; President, Miss Kitty B. Mosdell; Vice-President, Miss Elizabeth Berry; Secretary, Miss Evelyn Dee; Asst. Secretary, Miss Isabel Todd; Secretary-Treasurer, Miss Mildred A. Cohoon; Executive, Misses M. McDonald, B. Geddes, E. Reilly, G. Armson, D. Hall, A. Webb, E. Hanafin and A. Jordon.

A.A., VANCOUVER GENERAL HOSPITAL VANCOUVER, B.C.

Hon. President, Miss Grace Fairley; President, Miss O. Cotsworth, 1135 12th Ave., W. Vancouver; First Vice-President, Miss Blanche Harvie; Second Vice-President, Miss Mary McLane; Secretary, Miss Dorothy Coughlin, 1201 Georgie St.W.; Asst.Secretary Mrs. Hugh Macmillan; Treasurer, Mrs. George Walker, 4534 Belleveue Drive, Vancouver; Committee Conveners: Programme, Mrs. Rae Gordon; Refreshment, Mrs. Grant Gunn; Sewing, Mrs. Frank Faulkner; Sick Visiting, Miss Charlotte Whittacker; Bonds, Mrs. John Granger; Press, Miss Blanche Hastings; "The Canadian Nurse," Miss Mary Stevenson; Nurses Directory, Mrs. Wilson; Women's Building, Mrs. W. A. Rundle.

BRANDON GRADUATE NURSES ASSOCIATION

Hon. President, Miss E. M. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss M. Finleyson; First Vice-President, Miss H. Meadows; Second Vice-President, Mrs. L. C. Ferrier; Secretary, Mrs. S. Pierce; Treasurer, Miss I. Fargey, 302 Russell St., Brandon; Conveners of Committees: Social, Miss T. Hill; Sick Visiting, Miss M. Trotter; Welfare Representative, Miss M. Houston; Private Duty, Miss D. Langley; Blind, Mrs. Darrach; Cook Books, Miss Gemmell; Press Representative, Miss A. Hicks; Registrar, Miss C. Macleod.

A.A., ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sr. Mead, St. Boniface Hospital; Hon. Vice-President, Rev. Sr. Krause, St. Boniface Hospital; President, Miss S. Wright, 340 St. Johns Ave., Winnipeg; First Vice-President, Miss E. Shirley, King George Apts.; Second Vice-President, Miss I. Muir, 184 River Avenue; Secretary, Miss Ellen M. Farrell, Ste. 6 Holyrood Crt., Winnipeg; Treasurer, Miss B. Stanton, Ste. 37 Dalkeith Apts.; Conveners of Committees, Social, Miss B. Mallory, 31 Fawcett St.; Refreshment, Miss J. Jonasson, 72 Sherburn St.; Sick Visiting, Miss R. McKay; Representative to Local Council of Women, Miss S. Wright; Representative to Manitoba Nurses Central Directory Committee, Miss T. Chambers, 753 Wolseley Ave.; Press and Publication, Miss M. Meehan, 753 Wolseley Ave.

Meetings—Second Wednesday each month, 8 p.m., St. Boniface Nurses Residence.

A.A., WINNIPEG GENERAL HOSPITAL

Hon. President, Mrs. W. A. Moody, 97 Ash St.; President, Mrs. J. A. Davidson, 39 Westgate; First Vice-President, Mrs. S. Harry, Winnipeg General Hospital; Second Vice-President, Miss I. McDiarmid, 363 Langside St.; Third Vice-President, Miss E. Gordon, Research Lab., Medical College; Recording Secretary, Miss C. Briggs, 70 Kingsway; Corresponding Secretary, Miss M. Duncan, Winnipeg General Hospital; Treasurer, Mrs. H. I. Graham, 99 Euclid St.; Sick Visiting, Miss W. Stevenson, 535 Camden Place; Programme, Miss C. Lethbridge, 877 Grosvenor Ave.; Membership, Miss A. Pearson, Winnipeg General Hospital.

A.A., GALT HOSPITAL, GALT, ONT.

Hon. President, Miss Jamieson; President, Miss M. King; First Vice-President, Miss A. Renwick; Second Vice-President, Mrs. D. Scott; Secretary, Mrs. F. Roloefson; Treasurer, Miss G. Rutherford; Programme Committee: Convener, Mrs. E. V. Brown, Miss Hopkinson and Miss Blogden.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Mrs. J. Westwell; President, Miss M. Snider; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Mrs. L. G. Bauman, 53 Agnes St., Kitchener; Asst. Secretary, Miss A. Bechtel; Treasurer, Miss K. Grant; The Canadian Nurse, Mrs. L. Kieswetter.

THE EDITH CAVELL ASSOCIATION OF LONDON, ONT.

President, Miss Nora E. McPherson, Victoria Hospital; First Vice-President, Miss Anne M. Forrest; Second Vice-President, Mrs. C. West; Secretary-Treasurer, Miss Josephine Little, McCormick Home for Aged People; Social Secretary, Miss Mary Bauden; Programme Committee, Misses Grace Fairley, Helen Bapty, Alice Clark; Representatives on Registry Board, Miss Margaret Waters, Mrs. Olive Smilie; Representative, "The Canadian Nurse," Mrs. John Gunn.

FLORENCE NIGHTINGALE ASSOCIATION, TORONTO

President, Miss B. Hutchison; Vice-President, Miss Helen Campbell; Secretary, Miss M. G. Colborne, 169 College St.; Treasurer, Miss Clara Dixon, 2111 Bloor St. W.; Councillors, Misses Edith Campbell, H. Meiklejohn, I. Wallace, Mary Walker, Irene Hodges and Miss R. Sketch.

DISTRICT No. 8, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Alice Ahern; Vice-Chairman, Miss D. M. Percy; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses M. Stewart, E. A. Pepper, N. Lewis, Mary Slinn, G. Woods, and Miss F. Nevins; Conveners of Committees: Membership, Miss N. Lewis; Publications, Miss F. Nevins; Finance, Miss E. A. Pepper; Nursing Education, Miss G. M. Bennett; Private Duty, Miss M. Slinn; Public Health, Miss D. M. Percy; Representative to Board of Directors, R.N.A.O., Miss A. Ahern.

DISTRICT No. 10, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss A. Boucher; First Vice-President, Mrs. F. Edwards; Second Vice-President, Miss M. Flannigan; Secretary-Treasurer, Miss R. Wade; Conveners of Committees: Nursing Education, Miss B. Bell; Public Health, Miss V. Lovelace; Private Duty, Miss I. Sheehan; Publication, Miss J. Hogarth; Membership, Miss C. McNanara, Miss M. Hetherington; Social, Miss M. Racey, Miss V. Lovelace; Representative to Board of Directors Meeting R.N.A.O., Miss A. Boucher.

Meetings held first Thursday every month.

A.A., BELLEVILLE GENERAL HOSPITAL

Hon. President, Miss Florence McIndoo; President, Miss H. Stacey; Vice-President, Miss E. McEwen; Secretary, Miss F. Fitagerald; Treasurer, Mrs. C. Arnott; Flower Committee, Misses R. Alford, M. Turnbull; Representative to The Canadian Nurse, Miss Helen Fargey.

Regular meeting held first Tuesday in each month at 3.30 p.m., in the Nurses' Residence.

A. A., BRANTFORD GENERAL HOSPITAL

President, Miss Jessie Wilson; Vice-President, Miss P. Robinson; Secretary, Miss M. McCormick; Asst. Secretary, Miss H. D. Muir; Treasurer, Miss Jean Davidson; Gift Committee, Mrs. D. A. Morrison, Miss K. Charnley; Flower Committee, Miss E. Champness; "The Canadian Nurse" Representative, Miss M. Nichol; Social Convener, Miss Dora Arnold; Press Representative, Mrs. A. A. Mathews, Miss N. Yardley.

A A., BROCKVILLE GENERAL HOSPITAL

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse," Miss V. Kendrick.

A.A., ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Hon. President, Mother St. Roch; Hon. Vice-President, Sister M. Loretta; President, Mrs. Pearl Johnston; Vice-President, Miss Jean Lundy; Secretary, Miss Irene Gillard, 52 Raleigh St., Chatham; Treasurer, Miss Jean Bagnell; Executive, Misses Jessie Ross, Katherine Dillon and Agnes Harrison; Flower Committee, Miss Felice Richardson and Mona Middleton; Representative to "The Canadian Nurse," Miss Jessie Ross; Representative, District No. 1, R.N.A.O., Miss Hazel Gray.

A.A., CORNWALL GENERAL HOSPITAL

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Mrs. Boldick; Second Vice-President, Miss Mabel Hill; Secretary-Treasurer, Miss Helen C. Wilson, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss Helen C. Wilson.

A.A., ROYAL ALEXANDRA HOSPITAL, FERGUS

Hon. President, Miss Helen Campbell; President, Mrs. Bean, 54 Rosemount Ave., Toronto; First Vice-President, Miss Marian Petty; Second Vice-President, Mrs. Ida Ewing; Treasurer, Miss Bertha Brillinger, Toronto; Secretary, Miss Evelyn Osborne, 8 Oriole Gardens, Toronto; Asst. Secretary, Mrs. N. Davidson, Fergus Hospital; Press Secretary, Miss Jean Campbell, 72 Hendrick Ave., Toronto.

A.A., GUELPH GENERAL HOSPITAL

Hon. President, Miss M. F. Bliss, Supt., Guelph General Hospital; President, Miss L. Ferguson; First Vice-President, Miss I. Inglis; Second Vice-President, Miss L. Sprowl; Secretary, Miss Josephine Pierson, 62 Derry St.; Treasurer, Miss A. Milloy; Flower Committee, Misses Creighton and Badke, Mrs. R. Hockin; Correspondent to "The Canadian Nurse," Miss A. L. Fennell.

A.A., HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Mrs. Norman Barlow, 134 Catherine St. S.; Vice-President, Miss Annie Boyd, 607 Main St. E.; Recording Secretary, Miss Betty Aitken, 44 Victoria Ave. S.; Corresponding Secretary, Miss Janie I. Cordner, 70 London Ave. N.; Treasurer, Miss Christine G. Inrig, Hamilton General Hospital; Treasurer, Mutual Benefit Association, Miss M. L. Hannah, 25 West Ave. S.; Executive Committee, Miss Pegg (Convener), Misses Baird, Walker, Murray, Mrs. Johnson; Registry Committee, Mrs. Hess (Convener), Misses G. Hall, A. Nugent, Armstrong; Programme Committee, Miss Watt (Convener), Misses Call, Buchanan, Squires, Armstrong, J. Patterson, Mrs. Regan; Flowers and Visiting Committee, Miss Squires (Convener), Misses Gowling and Burnett; Representatives to Local Council of Women, Misses Burnett, Sadler, Buckbee, Mrs. Hess; Representatives to The Canadian Nurse, Miss Souter (Convener), Misses Carruthers and Atkins; Representative R.N.A.O. Private Duty, Miss G. Hall; Representative to Women's Auxiliary, Mrs. J. Stephens.

A. A., ST. JOSEPH'S HOSPITAL, HAMILTON.

Hon. President, Mother Martina; President, Miss E. Quinn; Vice-President, Miss H. Fagan; Treasurer, Miss I. Loyst, 71 Bay Street S.; Secretary, Miss M. Maloney, 31 Erie Avenue; Convener, Executive Committee, Miss M. Kelley; The Canadian Nurse, Miss Moran.

A.A., HOTEL DIEU, KINGSTON, ONT.

Hon. President, Rev. Sister Donovan; President, Mrs. Wm. Elder, Avonmore Apts.; Vice-President, Mrs. Vincent L. Fallon, 277 Earl Street; Secretary, Miss Genevieve Pelow, c/o Hotel Dieu; Treasurer, Miss Irene McDonald, 29 Pembroke St.; Executive Committee, Mrs. L. E. Crowley, Miss E. Smith; Miss K. McGarry; Visiting Committee, Misses O. McDermott and E. McDonald.

A.A., KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Mrs. S. F. Campbell; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Miss A. Baillie; Treasurer, Mrs. C. W. Mallory, 203 Albert Street; Secretary, Miss Olivia M. Wilson, General Hospital; Press Representative, Miss Mary Wheeler, General Hospital; Flower Committee (Convener), Mrs. George Nicol, 355 Frontenac Street; Representative, Private Duty Section, Miss A. McLeod, 27 Pembroke Street.

A.A., MEMORIAL HOSPITAL, ST. THOMAS

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan, Memorial Hospital; President, Miss Annie Campbell, Memorial Hospital; First Vice-President, Mrs. F. Penhale; Second Vice-President, Mrs. Thos. Keith; Secretary, Miss Irene Garrow, 23 Myrtle St.; Corresponding Secretary, Miss Isobel Matheson, Memorial Hospital; Treasurer, Miss Mary Malcolm, 142 Centre St.; The Canadian Nurse, Miss Eleanor Reaman, Talbot St.; Executive, Mrs. Andrew Grant, Misses Margaret Benjafield, Hazel Hastings, Olive Paddon, Margaret Grant.

A.A., TORONTO GENERAL HOSPITAL

Hon. President, Miss Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss Jeane Browne; First Vice-President, Miss Anna Dove; Second Vice-President, Miss Kathleen Russell; Secretary, Miss McGregor, Ward 1, Toronto General Hospital; Treasurer, Miss McGeachie, Medical Arts Building, Bloor St.; Asst. Treasurer, Miss Laura Lindsay; Councillors, Mrs. Margaret Dewey, Misses Gordon and Dulmage; Archivist, Miss Kniseley.

A.A., GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Curry; President, Mrs. L. B. Hutchison; First Vice-President, Mrs. John Gray; Recording Secretary, Miss Jean Anderson; Corresponding Secretary, Miss Lillian E. Wood, 3248 Yonge St., Toronto 12; Treasurer, Miss V. M. Elliott, 26 Tranby Ave.

A.A., GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

Hon. President, Miss Esther M. Cook, 130 Dunn Ave.; President, Miss Jean Macpherson, 130 Dunn Ave.; Vice-President, Miss Ida Weekes; Recording Secretary, Miss K.M. Cuffe, 130 Dunn Ave.; Corresponding Secretary, Miss Ione Clift, 130 Dunn Ave.; Treasurer, Miss M. McCullough, 130 Dunn Ave.

A.A., TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Miss M. Devins, 42 Dorval Road; Vice-President, Mrs. W. J. Smithers, 74 St. George Street; Secretary-Treasurer, Miss R. Hollingworth, 100 Bloor St. W.; Representatives to Central Registry, Mrs. Proctor, 226 Glen Road; Miss E. Kerr, 1594 King Street W.; Representative to R.N.A.O., Miss A. Bodley, 43 Metcalf Street.

A.A., RIVERDALE HOSPITAL, TORONTO

President, Miss E. Lyall, 290 St. George St., Toronto; First Vice-President, Miss G. Gastrell, Isolation Hospital; Second Vice-President, Mrs. Radford, 458 Strathmore Blvd.; Secretary, Miss Cora L. Russell, Isolation Hospital; Corresponding Secretary, Mrs. E. Quirk, Isolation Hospital; Treasurer, Miss L. McLaughlin, Isolation Hospital; Conveners of Standing Committees: Sick and Visiting, Miss S. Stretton, 7 Edgewood Ave.; Programme, Miss K. Mathieson, Isolation Hospital; Representatives to Central Registry, Misses G. Anderson, J. Henderson.

A. A., HOSPITAL FOR SICK CHILDREN, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts, Miss H. Panton and Miss P. B. Austin; President, Mrs. Boyer; First Vice-President, Miss A. Grindlay; Treasurer, Miss D. Wainwright, 63 Heath St. W.; Recording Secretary, Miss Low, 160 Bloor St. W.; Corresponding Secretary, Mrs. D. M. Smith, 250 Heath St. W.; Councillors, Miss L. Rogers, Mrs. Cunningham, Miss H. Booth, Miss Needler, Miss St. John.

A.A., ST. JOHN'S HOSPITAL, TORONTO

Hon. President, Sister Beatrice, St. John's Hospital; President, Miss Haslett, 48 Howland Ave.; First Vice-President, Miss Price, 6 St. Thomas St.; Second Vice-President, Miss Richardson, 320 Avenue Rd.; Recording Secretary, Miss Coleman, 119 Wellesley Cres.; Corresponding Secretary, Miss Garnham, 26 Balmoral Ave.; Treasurer, Miss Cook, 69 Galt Ave.; Convener, Programme Committee, Miss Ramsden, 6 Carey Rd.; Representative to The Canadian Nurse, Miss Pearson, 18 Riverside Ave.; Flowers and Sick Committee, Miss Davis, 49 Brunswick. Ave.

A.A., ST. MICHAEL'S HOSPITAL, TORONTO

President, Miss Essie Taylor, 20 Lauder Ave., Toronto; First Vice-President, Miss Ella Graydon; Second Vice-President, Miss Ella O'Boyle; Third Vice-President, Miss Helen O'Sullivan; Recording Secretary, Miss Roselle Grogan; Corresponding Secretary, Miss Marie E. McEnaney, 62 Aziel St., Toronto; Treasurer, Miss Helen Hyland, 137 Belsize Drive, Toronto; Directors, Misses E. M. Chalue, M. I. Foy, Marcella Berger; Conveners of Standing Committees, Misses Ivy de Leon, Julia O'Connor, Hilda Kerr.

A.A., VICTORIA MEMORIAL HOSPITAL, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

A.A., WELLESLEY HOSPITAL, TORONTO

President, Miss Edith Carson, 499 Sherbourne St.; Vice-President, Miss Ruth Jackson, 80 Summerhill Ave.; Treasurer, Miss Lucille Thompson, 4, 118 Isabella St.; Recording Secretary, Miss Mildred McMullen, 133 Isabella St.; Corresponding Secretary, Miss Evelyn McCullough, 1117 Danforth Ave.; Eexeutive, Misses Edna Tucker, Betty Scott, Doris Anderson, Audrey Lavelle; Correspondent to The Canadian Nurse, Miss Waple Greaves, 65 Glendale Ave.

A.A., TORONTO WESTERN HOSPITAL

Hon. President, Miss B. L. Ellis; President, Miss R. M. Beamish; Vice-President, Miss L. Smith; Recording Secretary, Miss F. Matthews; Secretary-Treasurer, Miss L. B. MacDougall; Representative to The Canadian Nurse, Miss H. Milligan; Representative to the Local Council of Women, Mrs. MacConnell; Hon. Councillors, Mrs. MacConnell, Mrs. Yorke; Councillors, Misses F. MacLean, Cooney, Steacy, Stevenson, Wiggins, Gross, Wardlaw, and Mrs. Bateman; Social Committee, Mrs. Fawns, Miss Woodward, Miss Agnew; Flower Committee, Miss Lamont; Visiting Committee, Miss A. Lowe, Miss Essex, Miss Harshaw.

Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

A.A., WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman; Hon. Vice-President, Miss H. T. Meiklejohn; President, Mrs. S. Hall; Vice-President, Miss D. Berry; Treasurer, Mrs. J. Hood, 303 Keewatin Ave., Toronto; Corresponding Secretary, Miss F. Smith.

A.A. CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL, WESTON

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss Louise Smith, Toronto Hospital, Weston; Vice-President, Miss Ella Robertson, 137 Markham St., Toronto; Secretary, Miss Ruth MacKay, Toronto Hospital, Weston; Treasurer, Miss Clara Foy, 163 Concord Ave., Toronto.

A. A., GENERAL HOSPITAL, WOODSTOCK

Hon. President, Miss Frances Sharpe; President, Mrs. J. McDiarmid; First Vice-President, Mrs. Melsome; Second Vice-President, Miss G. Boothby; Secretary, Miss A. Schofield; Asst. Secretary, Miss H. Brown; Treasurer, Miss E. Eby; Corresponding Secretary, Miss L. Jackson; Representative to "The Canadian Nurse," Miss A. Cook; Social Committee, Mrs. Melsome, Misses Kerr and Jackson; Programme Committee, Misses Hobbs, McKay, and Costello; Flower Committee, Misses Jefferson and Cook.

GRADUATE NURSES ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. S. Buck, Superintendent, Sherbrooke Hospital; President, Miss D. Stevens; First Vice-President, Miss J. Fenton; Second Vice-President, Miss Humphrey; Recording Secretary, Miss D. Ingraham; Corresponding Secretary, Miss H. Hetherington; Treasurer, Miss M. Robins; Representative, "The Canadian Nurse," Miss C. Hornby, Box 324, Sherbrooke, P.Q.; Private Duty Representative, Miss E. Buchanan.

KITCHENER AND WATERLOO REGISTERED NURSES' ASSOCIATION

President, Miss V. Winterhalt; First Vice-President, Miss M. Elliott; Second Vice-President, Mrs. W. Noll; Treasurer, Mrs. W. Knell, 41 Ahrens St.W.; Secretary, Miss E. Master, 13 Chapel St.; Representative to "The Canadian Nurse," Miss Hazel Adair, Kitchener and Waterloo Hospital.

A. A., ST. JOSEPH'S HOSPITAL, LONDON, ONT

Hon. President, Sister M. Pascal, Hon. Vice-President, Sister St Elizabeth; President, Miss A. Costello; First Vice-President, Mrs. J. Nolan; Second Vice-President, Miss L. Morrison; Corresponding Secretary, Miss N. Barr; Recording Secretary, Miss H. Mullins; Treasurer, Miss E. Beger, 27 Yale St.; Representative, Board of Central Registry, Miss A. Costello.

A.A., VICTORIA HOSPITAL, LONDON, ONT.

Hon. President, Miss Nora MacPherson, Superintendent, Victoria Hospital School of Nursing; President, Miss Della Foster, 420 Oxford St.; First Vice-President, Miss Mary Yule, 151 Bathurst St.; Second Vice-President, Miss Christine Gillies, Victoria Hospital; Treasurer, Miss Edith Smallman, 814 Dundas St.; Corresponding Secretary, Miss Mabel Hardie, 182 Bruce St.; Secretary, Miss Isobel Hunt, 898 Princess Ave.; Representative to The Canadian Nurse, Mrs. S. G. Henry, 720 Dundas St.; Board of Directors, Mrs. C. J. Rose, Mrs. W. Cummins, Misses H. Hueston, H. Cryderman, E. Gibberd, A. MacKenzie; Representatives to Registry Board, Misses M. McVicar, S. Giffen, A. Johnston and W. Wilton.

A.A., NIAGARA FALLS GENERAL HOSPITAL

Hon. President, Miss M. S. Park; President, Mrs. F. Pow; First Vice-President, Mrs. H. R. Potter; Second Vice-President, Miss L. McConnell; Treasurer, Miss J. Smith; Secretary, Miss V. M. Elliott; Convener Sick Committee, Mrs. V. Wesley; Asst. Convener Sick Committee, Mrs. J. Taylor; Convener Private Duty Committee, Miss K. Prest.

A.A., ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Hon. President, Miss E. Johnston; President, Miss G. Went; First Vice-President, Miss M. Payne; Second Vice-President, Miss S. Dudenhoffer; Secretary-Treasurer, Miss M. B. MacLelland; Programme Committee, Misses C. Newton, A. Reekie, E. Mitchell and B. McFadden.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

Hon. President, Miss MacWilliams; President, Miss Ann Scott, 108 Division St., Oshawa; Vice-President, Mrs. E. Hare; Second Vice-President, Miss Olive Hanna; Secretary, Miss Elma Hogarth, 301 Celina St., Oshawa; Asst. Secretary, Mrs. Douglas Redpath; Corresponding Secretary and Press Representative, Miss Robena Buchanan, 564 Mary St., Oshawa; Treasurer, Miss Jane Cole; Social Convener, Miss Ruby Berry; Visiting and Flower Convener, Miss Helen Hutchison; Convener, Private Duty Nurses, Miss Margaret Dickie; Representative, Hospital Auxillary, Mrs. B. A. Brown, Mrs. M. Canning, and Mrs. E. Hare.

A.A., ST. LUKE'S HOSPITAL, OTTAWA

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Miss Isobel Allan, 408 Slater Street, Ottawa; Treasurer, Mrs. Florence Ellis; Nominating Committee. Misses Mina MacLaren, Hazel Lyttle, Katherine Tribble.

A.A., LADY STANLEY INSTITUTE, OTTAWA
(Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Miss Mabel M. Stewart, Royal Ottawa Sanatorium; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. G. O. Skuce, Britannia Bay, Ont.; Treasurer, Miss C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. MacGibbon, 114 Carling Ave.; Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home, Aylmer Ave.; "Canadian Nurse" Representative Miss A. Ebbs, 80 Hamilton Ave.; Representatives to Central Registry Nurses, Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Mrs. J. Waddell, 220 Waverley St.

A.A., OTTAWA CIVIC HOSPITAL

Hon. President, Miss Gertrude Bennett; President, Mrs. G. W. Dunning; First Vice-President, Miss Evelyn Pepper; Second Vice-President, Miss Elizabeth Graydon; Treasurer, Miss Winnifred Gemmill, 221 Gilmour St.; Recording Secretary, Miss Greta Wilson, 489 Metcalfe St.; Corresponding Secretary, Miss Gertrude Moloney, 301 First Ave.; Councillors, Misses Elizabeth Curry, Dorothy Kelly, Dorothy Moxley, Edna Osborne; Representatives to the Central Registry, Misses Inda Kemp, Dorothy Moxley; Convener of Membership Committee, Miss W. Gemmill; Convener of Flower and Visiting Committee, Miss D. Kelly; Press Correspondent, Miss E. Pepper.

A.A., OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sr. Flavie Domitille; President, Miss Juliette Robert; First Vice-President, Miss C. McDonald; Second Vice-President, Mrs. A. Latimer; Secretary-Treasurer, Miss Stella Kearns, 478 Cumberland Ave., Ottawa; Membership Secretary, Miss Pauline Bissonnette; Representatives to Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Viau and Miss F. Nevins; Representatives to Central Registry, Miss L. Egan and Miss A. Stackpole; Representative to The Canadian Nurse, Miss Juliette Robert.

A.A., OWEN SOUND GENERAL AND MARINE HOSPITAL

Hon. President, Miss M. Sharpe; President, Miss E. Webster, 1022 4th Ave. W.; Vice-President, Miss M. Graham; Secretary-Treasurer, Miss M. McNicoll, 754 8th St. E.; Asst. Secretary-Treasurer, Mrs. D. J. McMillan; Flower Committee, Miss A. Mitchell, Mrs. E. Frost, Miss M. Story; Programme Committee, Miss M. Sim, Miss C. Thompson; Press Representative, Miss J. H. Currie.

A.A., NICHOLL'S HOSPITAL, PETERBORO

Hon. President, Mrs. E. M. Leeson; President, Miss F. Dixon; First Vice-President, Miss H. M. Anderson; Second Vice-President, Miss M. Reid; Treasurer, Miss Simpson; Secretary, Miss B. Smith; Corresponding Secretary, Miss E. B. Walsh, Nicholl's Hospital; Convener Social Committee, Miss A. Dobbin; Convener, Flower Committee, Miss E. McBrien.

A.A., SARNIA GENERAL HOSPITAL

Hon. President, Miss K. Scott; President, Miss C. Lougher; Vice-President, Miss L. Seigrist; Treasurer, Miss J. Hodgins; Secretary, Miss B. MacFarlane.

A.A., STRATFORD GENERAL HOSPITAL

Hon. President, Miss A. M. Munn; President, Miss Myrtle Gibb; Vice-President, Miss C. Staples; Secretary Treasurer, Miss F. Fairs; Flower Committee, Misses I. Hunter and E. Ham; Correspondent, Miss D. Hymers.

A.A., MACK TRAINING SCHOOL, ST. CATHARINES

Hon. President, Miss Wright, Superintendent, General Hospital; President, Mrs. Charles Hesburn, 54 George St.; First Vice-President, Miss E. Locke, Port Weller; Second Vice-President, Mrs. Frank Newman, 28 Chestnut St.; Secretary-Treasurer, Mrs. Morris Wilson, Martindale; Asst. Secretary-Treasurer, Miss Helen Brown, General Hospital; "The Canadian Nurse" Representative, Miss D. Colvin, Port Dalhousie; "The Canadian Nurse," Subscriptions and Press Correspondent, Miss Mary Thomas, Port Weller; Social Committee, Misses Kennedy (Convener), Handley, Joyce, Mrs. Parnell; Programme Committee, Misses Marriott, Moyer, Brown and Mrs. Dunn; A.A. and R.N.A.O. Representative, Miss Helen Brown.

A.A., LACHINE GENERAL HOSPITAL

Hon. President, Miss M. L. Brown; President, Miss M. A. McNutt; Vice-President, Miss J. C. McKee; Secretary-Treasurer, Miss E. J. Dewar, 558 Notre Dame Street, Lachine, Que.; Private Duty Representative, Miss M. Lamb, 376 Claremont Ave., Montreal; Executive Committee, Miss Robinson, Miss Goodfellow.

Meeting—First Monday of each month, at 9 p.m.

MONTREAL GRADUATE NURSES' ASS'N.

Hon. President, Miss L. Phillips, 3626 St. Urbain St.; President, Miss A. Kinder, Children's Memorial Hospital; First Vice-President, Miss C. Ferguson, Alexandra Hospital; Second Vice-President, Miss C. M. Watling, 1230 Bishop Street; Secretary-Treasurer, Miss E. Mackay, 1230 Bishop Street; Day Registrar, Miss L. White, 1230 Bishop St.; Night Registrar, Miss E. Clarke, 1230 Bishop St.; Convener, Griffintown Club, Miss G. Colley, 261 Melville Avenue, Westmount, P.Q.

Regular Meeting—First Tuesday, January, April, October, and December.

A.A., CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Hon. President, Miss A. S. Kinder; President, Mrs. F. C. Martin; Vice-President, Miss E. Hillyard; Secretary, Miss Grace R. Murray, 1434 Bishop St.; Treasurer, Miss M. Flanders; Representative to "The Canadian Nurse," Miss Dora Parry; Sick Nurses Committee, Miss C. Feron, Miss R. Miller; Members of Executive Committee, Miss R. Osborne, Miss Gough.

A.A., MONTREAL GENERAL HOSPITAL

President, Miss M. K. Holt; First Vice-President, Miss Frances Upton; Second Vice-President, Miss Agnes Jamieson; Recording Secretary, Miss Inez Welling; Corresponding Secretary, Miss Lottie Urquhart, Apt. 53, 8 Amesbury Ave.; Treasurer, Alumnae Association and Mutual Benefit Association, Miss Isobel Davies; Hon. Treasurer, Miss H. M. Dunlop; Executive Committee, Misses Strumm, Handcock, Watling, Mathewson and Coleman; Representatives, Private Duty Section, Misses Morrell, M. N. Johnston and B. Noble; Representative, Local Council of Women, Misses Colley and Marjorie Ross; proxy, Miss Harriet Ross; Representative to The Canadian Nurse, Miss Watling, Miss E. Ward; Sick Visiting Committee, Mrs. Stuart Ramsay, Miss E. Robertson, Miss N. Kennedy-Reed; Refreshments Committee, Miss Reinauer and Miss D. Flint.

A.A., HOMOEOPATHIC HOSPITAL, MONTREAL

Hon. President, Mrs. H. Pollock; President, Mrs. J. Warren; First Vice-President, Miss D. Smith; Second Vice-President, Miss D. Campbell; Secretary, Miss M. Bright; Asst. Secretary, Miss M. Hayden; Treasurer, Miss D. Millar; Asst. Treasurer, Miss N. G. Horner; Private Duty Section, Miss A. M. Porteous; The Canadian Nurse Representative, Miss I. A. Hicks; Social Committee, Miss M. Currie; Montreal Nurses' Association, Misses D. Smith and M. Bright.

A.A., ROYAL VICTORIA HOSPITAL, MONTREAL

Hon. Presidents, Misses Draper and Hersey; President, Mrs. Stanley; First Vice-President, Mrs. LeBeau; Second Vice-President, Miss Gall; Recording Secretary, Miss Grace Martin; Corresponding Secretary, Miss K. Jamer, Royal Victoria Hospital; Treasurer, Miss Burdon; Representative "The Canadian Nurse," Miss Flanagan; Representatives to Local Council of Women, Mrs. Walker, Miss Drake; Sick Visiting Committee, Miss Allder, Mrs. Walker; Programme Committee, Mrs. Scrimger, Miss Campbell, Miss Flanagan; Representatives to Private Duty Section, Misses Palliser, McCallum, Steele; Refreshment Committee, Misses Adams, McRae, Trenholme; Executive Committee, Miss Hersey, Miss Campbell, Mrs. Roberts, Miss Reid, Miss Forgey; Finance Committee, Misses Etter (Convener), Goodhue, McKibbon, Wright, Steele.

A.A., WESTERN HOSPITAL, MONTREAL

Hon. President, Miss Craig; President, Miss Marion Nash; First Vice-President, Miss Birch; Second Vice-President, Miss Edna Payne; Secretary, Miss Olga McCrudden, 314 Grosvenor Ave., Westmount, P.Q.; Treasurer, Miss Jane Craig, Western Hospital; Finance Committee, Miss MacWhirter, Miss Lillian Payne, Miss Sutton; Programme Committee, Miss Marjorie Reyner, Miss Crossley, Miss Lilly; Sick and Visiting Committee, Miss Dyer, Miss Lillian Johnston; Representatives to Private Duty Section, Miss Tyrell, Miss Morrison; Correspondent, The Canadian Nurse, Miss McOuat.

A.A., NOTRE DAME HOSPITAL, MONTREAL

Hon. President, Mother Dugas; Hon. Vice-Presidents Mother Mailloux and Rev. Sister Robert; President, Miss G. Latour; First Vice-President, Miss M. de Courville; Second Vice-President, Miss F. Filion; First Councillor, Miss B. Lecompte; Second Councillor, Miss F. Gariepy; Secretary, Miss Margot Pauze, 4234 St. Hubert St.; Asst. Secretary, Mrs. Choquette; Treasurer, Miss L. Boulerice; Conveners of Committees: Social, Miss E. Merizzi; Nomination, Misses A. Lepine, A. Lalande, E. Rousseau; Sick Visiting, Misses A. Martineau, G. Gagnon, B. Lacourse.

A.A., WOMEN'S GENERAL HOSPITAL, WESTMOUNT, P.Q.

Hon. Presidents, Miss E. F. Trench and Miss F. George; President, Miss L. Smiley; First Vice-President, Mrs. Crewe; Second Vice-President, Mrs. Robertson; Secretary, Miss Craymer; Treasurer and "The Canadian Nurse" Representative, Miss E. L. Francis; Sick Visiting, Mrs. Kirk, Miss N. J. Brown; Private Duty, Mrs. Chisholm, Miss Seguin.

Regular monthly meeting, every third Wednesday, at 8 p.m.

A.A. JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Mrs. S. Barrow; President, Miss Elizabeth Ford; First Vice-President, Miss May Lunam; Second Vice-President, Miss Daisy Jackson; Corresponding Secretary, Miss Freda O'Connell; Treasurer, Miss E. MacHarg; Recording Secretary, Miss Gladys Weary; Refreshment Committee, Miss C. Kennedy, Miss Daisy Jackson; Sick Visiting committee, Mrs. Douglas Jackson, E. E. Douglas; Representative to "The Canadian Nurse," Miss Elsie Walsh; Private Duty Section, Miss F. Simms; Councillors, Misses FitzPatrick, MacKay, Gale, Mayhew, M. Jack.

A.A., SHERBROOKE HOSPITAL

Hon. President, Miss H. S. Buck; President, Mrs. Guy Bryant; First Vice-President, Mrs. Reford Stewart; Second Vice-President, Mrs. Roy Wiggett; Recording Secretary, Miss Leila Messias; Corresponding Secretary, Miss Nora Arguin, Sherbrooke, P.Q.; Treasurer, Miss Alice Lyster; Correspondent to "The Canadian Nurse," Miss Hilda Bernier.

MOOSE JAW GRADUATE NURSES' ASS'N

Hon. President, Mrs. Geo. Lydiard; President, Miss Elizabeth Smith; Vice-President, Mrs. M. A. Young, Secretary-Treasurer, Miss May Armstrong, 1005 2nd Ave., N.E.; Social Convener, Miss French; Press Convener, Mrs. W. H. Metcalfe; Programme, Miss Diermert; Constitutions and By-Laws, Miss Casey; Representatives, Private Duty, Miss Rossie Cooper; "The Canadian Nurse," Miss E. Lamond.

A.A., REGINA GENERAL HOSPITAL

Hon. President, Miss Pearson; President, Miss Mary Arnot; First Vice-President, Miss Dorothy Wilson; Second Vice-President, Miss Helen Wills; Secretary, Miss Katherine Morton; Asst. Secretary, Miss Marion Sneed; Treasurer, Miss Myrtle Wilkins, 2300 Smith St., Regina; Press Correspondent, Miss Muriel Taylor; Programme Committee, Miss Ada Forrest.

A.A. ST. PAUL'S HOSPITAL, SASKATOON

First Hon. President, Rev. Sister Fennell; Second Hon. President, Rev. Sister Weeks; President, Miss Annie M. Campbell; Vice-President, Mrs. R. Roberts; Secretary, Miss K. McKenzie, 1011 Eastlake Ave., Saskatoon; Treasurer, Miss E. Unsworth, 818, 11th Street, Saskatoon; Executive, Mrs. C. W. Doran, Misses A. Fentiman, and M. Roebuck.

Meetings, second Monday each month at 8.30 p.m., St. Paul's Nurses Home.

A.A., SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

Hon. President, Miss Mary Samuel; Hon. Vice-President, Miss Bertha Harmer; Hon. Members, Miss M. F. Hersey, Miss G. M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Mrs. R. W. Reford; President, Miss Louise M. Dickson, Shriners' Hospital, Montreal; Vice-President, Miss Olga Lilly, Royal Victoria Maternity Hospital; Secretary-Treasurer, Miss Dorothy P. Cotton, 1227 Sherbrooke St. W.; Programme Committee, Miss M. Armstrong, 1230 Bishop St.; Representative to Local Council of Women, Miss M. Dobie, Royal Victoria Hospital; Representatives to The Canadian Nurse, Administration, Miss F. Upton; Public Health, Miss Lecompte; Teaching, Miss E. Hillyard, Children's Memorial Hospital, Montreal.

A.A. OF THE DEPT. OF PUBLIC HEALTH NURSING, UNIVERSITY OF TORONTO

Hon. President, Miss E. K. Russell; President, Miss Blackstock; Vice-President, Mrs. F. E. Piercy; Secretary-Teasturer, Miss A. Harrison, 45 Woodlawn Ave., E. Toronto, Ont.; Recording Secretary, Miss C. Sparrow; Convener of Social Committee, Miss C Vale.

THE CENTRAL REGISTRY GRADUATE NURSES

Supply Nurses any hour day or night.

Phone Garfield 0382

Registrar
ROBENA BURNETT, Reg. N.
33 SPADINA AVENUE
HAMILTON - ONTARIO

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT

Telephone Kingsdale 2136

Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO

HELEN CARRUTHERS, Reg.N.

Montreal Graduate Nurses' Association Register

NURSES CALLED DAY OR NIGHT

Telephone Uptown 0907
LUCY WHITE, Reg.N., Registrar,
1230 Bishop Street,
MONTREAL, P.Q.
Club House Phone Up-5666.

BRONX REGISTRY AND CLUB FOR NURSES

1195 Boston Road, New York City

Graduate nurses wanted for private duty, also hospital specializing; pleasant rooms and kitchenette privileges for nurses wishing to live at the registry, also limited number of practical nurses. Telephone Kilpatrick 7640 - 7641.

ANNA M. BROWN, R.N., Prop.
Established 1911

School for Graduate Nurses

McGILL UNIVERSITY
Session 1929-1930

Miss BERTHA HARMER, R.N., M.A.
Director

COURSES OFFERED:

Teaching in Schools of Nursing
Supervision in Schools of Nursing
Administration in Schools of Nursing
Public Health Nursing
Organization and Supervision of Public Health Nursing

A CERTIFICATE will be granted for the successful completion of an approved programme of studies, covering a period of ONE academic year, in the major course selected from the above.

A DIPLOMA will be granted for the successful completion of the major course selected from the above, covering a period of TWO academic years.

For particulars apply to:

SCHOOL FOR GRADUATE NURSES
McGill University, Montreal

THE ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL

offers a three-months' Post-Graduate Course in Obstetrics and a two months' Post-Graduate Course in Gynaecology and Operating Room Technique, to graduates of accredited schools.

Graduates receive ($20.00) twenty dollars per month with full maintenance.

For further information address
C. V. BARRETT, R.N.,
Royal Victoria Montreal Maternity Hospital,
MONTREAL, QUE.

THE
Manitoba Nurses' Central Directory
Registrar—ANNIE C. STARR; Reg. N.
Phone 30 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.

12 Doz. $3.00
6 Doz. $2.00
3 Doz. $1.50
ANITA PAYNE

Cash's Names
Woven on Fine Cambric Tape
For Marking Clothing & Linen
Save Confusion and Losses
Order from your Dealer or Write
J. & J. Cash, Inc.
50 GRIER ST., BELLEVILLE, ONTARIO.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS

Chicago Lying-in Hospital and Dispensary
426 East 51st Street, CHICAGO

A Post-Graduate Training School for Nurses
AND
An Affiliated Training School for Nurses

The Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, offers to graduates of accredited training schools a two months' course, both theoretical and practical, in the nursing care of the diseases of the eye, ear, nose and throat. The course includes operating room experience. If desired, a third month may be spent in the social service department.

This course is very valuable to public health nurses, especially to those in schools and industries.

Hospital capacity, 211 beds; Outpatients daily average 226. A comfortable and attractive Nurses' Home faces the Charles River. Allowance to post-graduate students, twenty (20) dollars a month and full maintenance. The same course, including the third month, is available by application to students of approved schools.

For further information address:—

SALLY JOHNSON, R.N.,
Superintendent of Nurses

Palatability Its Keystone

EVERY physician knows that palatability is an important factor in the successful administration of cod-liver oil.

Palatability and ease of taking is the keystone of the success that attends

SCOTT'S EMULSION

For nearly sixty years it has been recognized by many physicians as an effective and pleasant means of serving the need for cod-liver oil medication.

LIBERAL SAMPLES FREE
TO NURSES ON REQUEST

Scott & Bowne, Toronto 2, Ont.
29-92a

ERGOAPIOL
(Smith)

A non-narcotic agent prescribed by physicians throughout the world in the treatment of

Amenorrhea,
Dysmenorrhea, Etc.

Ergoapiol (Smith) is supplied only in packages containing twenty capsules.

As a safeguard against imposition, the letters "M. H. S." are embossed on the inner surface of each capsule, thus → MHS

Dose: One or two capsules three or four times a day.

Literature on Request.

MARTIN H. SMITH COMPANY, New York, N.Y., U.S.A.

ACETOPHEN
AND
PHENACETIN
COMPOUND

C. T. No. 217 "Frosst"

for— Headaches
Rheumatic Pains
Neuralgia
Colds and
Grippe

C. T. No. 217
ACETOPHEN & PHENACETIN COMPOUND

Acetophen.....	3½ gr.
Phenacetin .	2½ gr.
Caffeine Citrate	½ gr.

Dose: One or two tablets.

ANTIPYRETIC
ANALGESIC
ANTI-RHEUMATIC

Charles E. Frosst & Co. Montreal

POST-GRADUATE COURSES
Woman's Hospital in the State of New York

SIX MONTHS' GENERAL

Practical Work..Gynecological Wards; Obstetrical Ward, including Nursery, Formula, Delivery and Labor Rooms; Operating Rooms, including Sterilizing and Recovery Room technic; Out-Patient Department.

Theory..........40 hours Nursing Procedures, 24 hours Obstetrical Nursing, 16 hours Gynecology, 8 hours Anatomy and Physiology, 8 hours contemporary History of Nursing; Lectures by Attending Staff.

FOUR MONTHS' OBSTETRICAL

Practical Work..Obstetrical Ward, Nursery, Formula Room, Delivery and Labor Rooms, Out-Patient Department, Social Service.

Theory..........40 hours Nursing Procedures, 24 hours Obstetrical Nursing, 8 hours Anatomy and Physiology, Lectures by Attending Staff.

FOUR MONTHS' OPERATING ROOM TECHNIC AND MANAGEMENT

Practical Work..Operating Rooms, Sterilizing and Recovery Rooms, Management of Operating Rooms. During last month students proving capable will be given experience in suturing under supervision.

Theory..........24 hours Nursing Procedures, 16 hours Gynecology, 8 hours Anatomy and Physiology. Lectures by Attending Staff.

In addition to advanced subject matter given in all Courses, special emphasis is placed upon methods to be used in teaching of such material.

Theoretical Instruction by Educational Director. **Lectures by Attending Staff.**

Beginning the SECOND month of each Course, Post-graduate Students receive an allowance of $15.00 per month and full maintenance for entire Course.

Nurse Helpers employed on all Wards.

AFFILIATIONS offered to accredited Training Schools for Four Months' Courses in Obstetrics.

For further particulars, address—DIRECTRESS OF NURSES
141 WEST 109th ST., NEW YORK CITY, N.Y.

HYPERACIDITY

A result of failure of neutralization

IN treating gastric hyperacidity doctors find in milk of magnesia a reliable, safe, effective laxative antacid which can be given freely to patients of all ages.

Phillips Milk of Magnesia neutralizes three times as much acid as a saturated solution of sodium bicarbonate and fifty times as much as lime water. It does not cause gas. It does not lose its effectiveness even under prolonged use. And, since constipation is so often associated with hyperacidity, the mild laxative action of Phillips Milk of Magnesia is often beneficial.

Nurses know that patients of all ages find it palatable—easy to take.

When milk of magnesia is indicated physicians prefer the Genuine Phillips Milk of Magnesia, made by The Chas. H. Phillips Chemical Co. It has remained the standard for over fifty years. Supplied in 12-ounce bottles.

PHILLIPS
MILK OF MAGNESIA
ANTACID
CORRECTIVE
LAXATIVE

For the Skin that Needs Soothing

LANUM CREAM

is specially prepared for treating rough, chafed and irritated skins.

Unlike ordinary toilet creams, it is meant for skin conditions that demand a cream unusually penetrating and soothing.

Unequaled for use on baby's tender skin when roughened and chapped by cold and wind, or when irritated from perspiration and moisture.

A sample to Nurses on request

MERCK & CO. LIMITED
412 St. Sulpice Street, MONTREAL, P.Q.

WHITAKERS
EVERSMART
UNIFORMS
OF QUALITY

The Trained Nurse
desires
Smart Uniforms

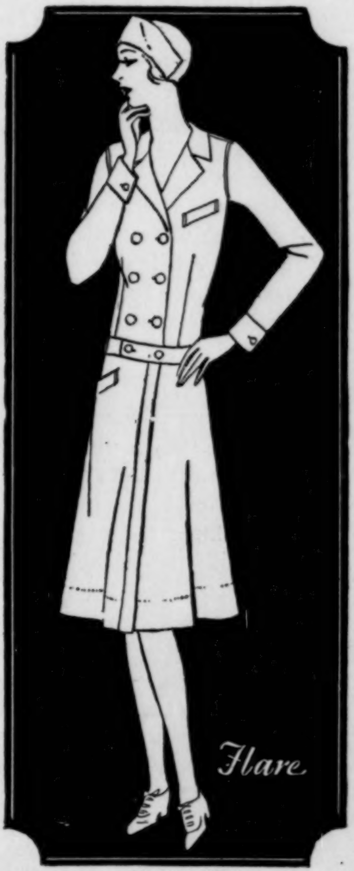
Properly made by a firm that knows how to make uniforms.

Catalogue sent on request.
See the Eversmart Dealer in your town.

Made by

Whitakers Limited

Sommer Bldg., 423 Mayor St.
MONTREAL, P.Q.



Number 1127

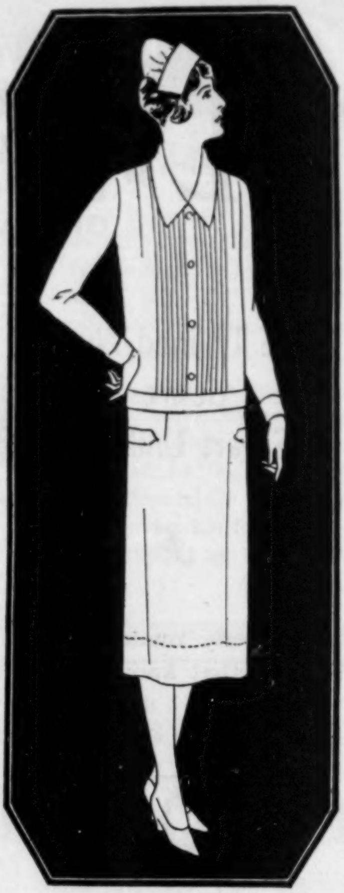
Correctly tailored for the discriminating nurse. Made of fine poplin. Finest quality detachable pearl buttons. White only.

Sizes 32 to 44.

OUR FACTORY

is devoted exclusively to the Manufacture of Nurses' Uniforms and Hospital clothing. Under such conditions, and with our thoughts on nothing else in the world but the production of goods that will please and give satisfaction, we naturally will turn out a better article than would be made by Firms devoting their time to various other lines.

Buy our Uniforms and compare them with others, and note the difference, in the material, in the style, in the fit, in the make, and even in the thread and buttons. There is nothing better made.



MR 269

Finely tucked in front, tailored to fit. Tailored sleeve with turn back cuffs, 2 set-in pockets, single piece back. Ocean pearl buttons.

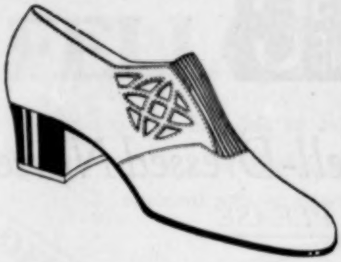
In Poplin, each	$ 7.50
2 for	$14.00
In Cotton or Twill, each	$ 6.50
2 for	$12.00

MANUFACTURED EXCLUSIVELY BY

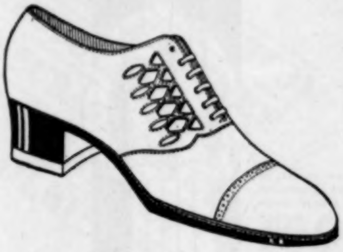
BLAND & CO. LIMITED

1253 McGill College Avenue

MONTREAL



Elastic gore, turn-sole cut-out, for dressy wear, beech tan and black kid—$12.00.



Cut-out Oxford, welt sole. Black and medium tan kid—$12.00 *and* $12.50

IT IS NOT WISE

to change from the comfortable "on duty" shoe to something more dressy, but at the same time uncomfortable because made on an entirely different last. You can buy a NATURAL TREAD for street and evening as well as for ward and sick room. We have special*i*zed in shoes for years: reap the benefit of our knowledge and avoid the ills of "sick" feet.

Write for self-measurement chart, and remember your patients will appreciate your telling them just what comfortable feet mean to their general health.

NATURAL TREAD SHOES DISTRIBUTING CO. LTD.

18 Bloor St. W. - TORONTO

PURCHASE CANADIAN PRODUCTS

WHITE CROSS
TOILET TISSUE

Toilet Papers of Quality

"WHITE CROSS"

8 oz. wrapped roll of pure white Genuine Crepe Tissue, made especially for particular people.

"INTERLAKE"

700 sheet roll of soft clothlike tissue, having all the qualities desired in a good Toilet Paper.

Interlake
Tissue
Interlake Tissue Mills Co.

Manufactured
by
Interlake Tissue Mills Co., Ltd.
TORONTO, ONT.

Distributors and Agents

Mid-West Paper Sales Limited
WINNIPEG
Warehouses: Calgary, Edmonton, Regina

"PARAGON BRAND"

Surgical Dressings

ABSORBENT GAUZES
BANDAGES
CHEESECLOTHS
DALMAPLAST
(Adhesive Plasters)
ABSORBENT COTTON
SANITARY TOWELS
MATERNITY PADS

SMITH & NEPHEW, LTD.

468 St. Paul St. W.

MONTREAL - - P. Que.